


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

**FILED**  
**May 06, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A22500</b>	
<b>1. Entity Name</b> ST. PETERSBURG SURGERY CENTER, LTD.	

<b>Principal Place of Business</b> 839 PASEDENA AVE. SOUTH ST. PETERSBURG FL 33707	<b>Mailing Address</b> P.O. BOX 380546 BIRMINGHAM AL 35243
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<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt #, etc.		Suite, Apt #, etc.	
<b>City &amp; State</b>		<b>City &amp; State</b>	
<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>



MOORE CR2E003 (11/03)

<b>4. FEI Number</b> 58-1651450		<input type="checkbox"/> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		<b>7. Name and Address of New Registered Agent</b>	
		Name	
		Street Address (P O Box Number is Not Acceptable)	
		City	
		FL Zip Code	

**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable


<b>9. Capital Contributions as Shown on record.</b> \$220,000.00	<b>10. Amount of Capital Contributions in FLORIDA to date.</b>	<b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

<b>12. GENERAL PARTNER INFORMATION</b>		<b>13. ADDRESS CHANGES ONLY</b>	
<b>DOCUMENT #</b> L23773	<b>NAME</b> SCA-ST. PETERSBURG, INC.	<b>STREET ADDRESS</b>	
<b>STREET ADDRESS</b> ONE HEALTHSOUTH PKWY.		<b>CITY - ST - ZIP</b>	
<b>CITY - ST - ZIP</b> BIRMINGHAM AL 35243			
<b>DOCUMENT #</b>		<b>STREET ADDRESS</b>	
<b>NAME</b>		<b>CITY - ST - ZIP</b>	
<b>STREET ADDRESS</b>			
<b>CITY - ST - ZIP</b>			
<b>DOCUMENT #</b>		<b>STREET ADDRESS</b>	
<b>NAME</b>		<b>CITY - ST - ZIP</b>	
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<b>NAME</b>		<b>CITY - ST - ZIP</b>	
<b>STREET ADDRESS</b>			
<b>CITY - ST - ZIP</b>			

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**14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.**

**SIGNATURE**  **Brian M. Menke** **4/30/04** **(205) 967-7116**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STATE CHECK HERE