


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

<b>DOCUMENT # A22500</b> 1. Entity Name <b>ST. PETERSBURG SURGERY CENTER, LTD.</b>			
Principal Place of Business <b>839 PASADENA AVE. SOUTH ST. PETERSBURG FL 33707</b>		Mailing Address <b>P.O. BOX 380546 BIRMINGHAM AL 35243</b>	
2. Principal Place of Business <b>539 Pasadena Ave. South</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 380546</b> Suite, Apt. #, etc.	
City & State <b>St. Petersburg, FL</b>		City & State <b>Birmingham, AL</b>	
Zip <b>33707</b>	Country <b>US</b>	Zip <b>35238</b>	Country <b>US</b>

FILED

2005 MAY -4 PM 3: 52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1ST MOORE CR2E003 (10/04)

4. FEI Number <b>58-1651450</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</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 Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE _____
9. Capital Contributions as Shown on record. <b>\$220,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	


**11. FILE NOW!!! Due by May 1, 2005.**  
See Block 11 instructions for fee info.

**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.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # <b>L23773</b>	NAME <b>SCA-ST. PETERSBURG, INC.</b>	STREET ADDRESS <b>ONE HEALTHSOUTH PKWY.</b>	CITY-ST-ZIP <b>BIRMINGHAM AL 35243</b>
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
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**06/01/05--01044--004 \*\*526.25**

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

  
Date

**(205) 967-7116**  
Daytime Phone #

STAPLE CHECK HERE