


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

DOCUMENT # A32466		
1. Entity Name INDIAN RIVER SURGERY CENTER, LTD.		
Principal Place of Business 1200 37TH STREET VERO BEACH FL 32960		Mailing Address PO BOX 380546 BIRMINGHAM AL 35238

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY 13 AM 9:57

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

[Handwritten initials]



1ST MOORE CR2E003 (10/04)

4. FEI Number 62-1484043		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.
9. Capital Contributions as Shown on record. \$37,500.00	10. Amount of Capital Contributions in FLORIDA to date.	

**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 #	K91869	STREET ADDRESS	
NAME	INDIAN RIVER PHYSICIAN ASSOCIATES, INC.	CITY-ST-ZIP	
STREET ADDRESS	1200 37TH STREET		
CITY-ST-ZIP	VERO BEACH FL		
DOCUMENT #	P38529	STREET ADDRESS	
NAME	HSC OF VERO BEACH, INC.	CITY-ST-ZIP	
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY		
CITY-ST-ZIP	BIRMINGHAM AL 35243		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			

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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:

[Handwritten signature of Brian M. Menke]

Brian M. Menke

4/27/05

(205) 967-7116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #