

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

APPROVED  
AND  
FILED

04 MAY 10 AM 8:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # A32908</b> 1. Entity Name AMBULATORY SURGICAL CENTRE OF MIAMI, LTD.					
Principal Place of Business 7500 SW 87 AVE., STE. 101 MIAMI, FL 33173			Mailing Address C/O HEALTHSOUTH CORPORATION P.O. BOX 380546 BIRMINGHAM, AL 35238		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		Name Street Address (P.O. Box Number is Not Acceptable) City			
		<div style="text-align: right;"> <b>FL</b>      Zip Code         </div>			
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>					
9. Capital Contributions as Shown on record. <b>\$25,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date.			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	V32294		STREET ADDRESS		
NAME	NSC MIAMI, INC.		CITY - ST - ZIP		
STREET ADDRESS	8700 NORTH KENDALL DR				
CITY - ST - ZIP	MIAMI, FL				
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
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STREET ADDRESS					
CITY - ST - ZIP					
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					
<b>SIGNATURE:</b>			Brian M. Menke      4/22/04      (205) 967-7116		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date      Daytime Phone #</small>		



04192004      Chg-LP      CR2E003 (10/03)

4. FEI Number      Applied For  
 65-0329755      Not Applicable

5. Certificate of Status Desired      ☐      **\$8.75** Additional Fee Required

STAPLE CHECK HERE