


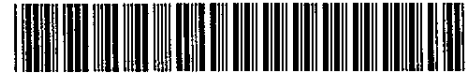
**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

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

| | |
|--|---|
| DOCUMENT # A33306 1. Entity Name EMERALD COAST SURGERY CENTER, L.P., LTD. |  |
|--|---|

| | |
|---|--|
| Principal Place of Business 995 MAR WALT DR. FT WALTON BEACH FL 32547 | Mailing Address ONE HEALTHSOUTH PKWY BIRMINGHAM AL 35243 |
|---|--|

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



MOORE CR2E003 (11/03)

| | |
|--|--|
| 4. FEI Number 62-1502718 | 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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 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 _____
Signature typed or printed name of registered agent and title if applicable

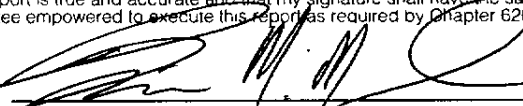
| | | |
|---|---|--|
| 9. Capital Contributions as Shown on record \$330,000.00 | 10. Amount of Capital Contributions in FLORIDA to date. | 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION |
|---|---|--|

**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 # NAME STREET ADDRESS CITY - ST - ZIP | P40010 SCA-FORT WALTON, INC. ONE HEALTHSOUTH PKWY BIRMINGHAM AL 35234 | STREET ADDRESS CITY - ST - ZIP | U00000159952 05/13/04-80002-007 526.25 |
| DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP | | STREET ADDRESS CITY - ST - ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP | | STREET ADDRESS CITY - ST - ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP | | STREET ADDRESS CITY - ST - ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP | | STREET ADDRESS CITY - ST - ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP | | STREET ADDRESS CITY - ST - ZIP | |

STAPLE CHECK HERE

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
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER