

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED

2005 MAY -4 PM 3: 52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

3. Mailing Address

P.O. Box 389546

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04212005

Chg-LP

CR2E003 (10/03)

City & State

City & State

Birmingham, AL

4. FEI Number

62-1502718

Applied For

Not Applicable

Zip

Country

Zip

Country

35238

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$330,000.00

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 #

P40010

NAME

SCA-FORT WALTON, INC.

STREET ADDRESS

ONE HEALTHSOUTH PKWY

CITY-ST-ZIP

BIRMINGHAM, AL 35234

STREET ADDRESS

400055580404

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

SIGNATURE:

Brian M. Menke

4/27/05

(205)967-7116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE