

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**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  
**P.O. BOX 380546  
BIRMINGHAM, AL 35238**

**FILED**

**06 MAY 16 AM 11:20**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



05012006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**62-1502718**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$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**

**DO NOT WRITE  
IN THIS SPACE**

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.

**600075648126**  
**06/01/06--01039--001 \*\*26900.00**  
DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

**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**

DOCUMENT # **P40010**  
NAME **SCA-FORT WALTON, INC.**  
STREET ADDRESS **ONE HEALTHSOUTH PKWY**  
CITY-ST-ZIP **BIRMINGHAM, AL 35234**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #