

# **2008 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A33306

**FILED**  
**May 01, 2008**  
**Secretary of State**

**Entity Name:** EMERALD COAST SURGERY CENTER, L.P., LTD.

**Current Principal Place of Business:**

995 MAR WALT DR.  
FT WALTON BEACH, FL 32547

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 380546  
BIRMINGHAM, AL 35238

**New Mailing Address:**

3000 RIVERCHASE GALLERIA  
SUITE 500  
BIRMINGHAM, AL 35244

**FEI Number:** 62-1502718      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #: P40010  
Name: SCA-FORT WALTON, INC.  
Address: ONE HEALTHSOUTH PKWY  
City-St-Zip: BIRMINGHAM, AL 35234

**ADDRESS CHANGES ONLY:**

Address: 3000 RIVERCHASE GALLERIA, SUITE 500  
City-St-Zip: BIRMINGHAM, AL 35244

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: STEVEN HUTKAI

VP

05/01/2008

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date