

# 2001 UNIFORM BUSINESS REPORT (UBR)

0016137 AF

DOCUMENT # **A33395**

1. Entity Name

**HSC SURGICAL ASSOCIATES OF BRADENTON, L.P.**

**FILED**

01 MAY -1 6 31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

|  |   |
|--|---|
| Principal Place of Business<br><b>5817 21ST AVENUE WEST<br/>BRADENTON FL 34209</b> | Mailing Address<br><b>P.O. BOX 380546<br/>BIRMINGHAM AL 35238</b> |
|--|---|

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |

|              |              |                                    |  |
|--------------|--------------|------------------------------------|--|
| City & State | City & State | 4. FEI Number<br><b>62-1510506</b> | Applied For<br><input type="checkbox"/> Not Applicable |
| Zip          | Country      | Zip                                | Country  |

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND AVE.  
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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. **\$152,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO 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                         |  |
|---|--|
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>P40234<br/>HSC OF BRADENTON, INC.<br/>ONE HEALTHSOUTH PARKWAY<br/>BIRMINGHAM AL 35243</b> |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
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| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |

| 13. ADDRESS CHANGES ONLY |   |
|--------------------------|---|
| STREET ADDRESS           |   |
| CITY - ST - ZIP          | <b>h/k 700004220907--5<br/>05/16/01--01119--028<br/>****526.25 ****526.25</b> |
| STREET ADDRESS           |   |
| CITY - ST - ZIP          | <b>5/10</b>   |
| STREET ADDRESS           |   |
| CITY - ST - ZIP          |   |
| STREET ADDRESS           |   |
| CITY - ST - ZIP          |   |
| 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: *Richard E. Botts* **Richard E. Botts, Sr. Vice President 4/23/01 (205) 967-7116**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)