


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

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

<b>DOCUMENT # A33395</b>	
1. Entity Name HSC SURGICAL ASSOCIATES OF BRADENTON, L.P.	

Principal Place of Business 5817 21ST AVENUE WEST BRADENTON FL 34209	Mailing Address P.O. BOX 380546 BIRMINGHAM AL 35238
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MOORE CR2E003 (11/03)

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

4. FEI Number <b>62-1510506</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND AVE. PLANTATION FL 33324	Name
	Street Address (P O, Box Number is Not Acceptable)
	City
	State <b>FL</b> Zip Code

8. The above named entry 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. <b>\$152,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. <b>MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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**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	P40234 HSC OF BRADENTON, INC. ONE HEALTHSOUTH PARKWAY BIRMINGHAM AL 35243	STREET ADDRESS	
		CITY - ST - ZIP	U00000159954 05/13/04-80002-009 526.25
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	
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		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** **(25)967-7116**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #