


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

DOCUMENT # A33395 1. Entry Name HSC SURGICAL ASSOCIATES OF BRADENTON, L.P.	
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FILED
06 MAY 16 AM 11:54
SECRETARY OF STATE,
TALLAHASSEE, FLORIDA

Principal Place of Business 5817 21ST AVENUE WEST BRADENTON, FL 34209	Mailing Address P.O. BOX 380546 BIRMINGHAM, AL 35238
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04282006	Chg-LP	CR2E003 (11/05)	<i>06</i>
4. FEI Number 62-1510506		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ **800075648518**
Signature, typed or printed name of registered agent and title if applicable **06/01/06-01035-00 DATE **26900.00**

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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P40234 HSC OF BRADENTON, INC. ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		CITY - ST - ZIP	
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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 # _____