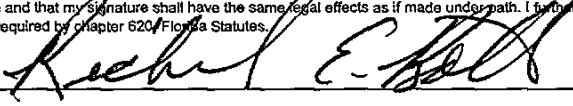


FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 DEC 14 PM 1:47	
1. Name of Limited Partnership		1a. DOCUMENT # A33579			
COLLIER OUTPATIENT SURGERY CENTER, L.P.					
Mailing Address P.O. BOX 380546 BIRMINGHAM AL 35238		Principal Office Address 800 GOODLETTE ROAD N. SUITE 120 NAPLES FL 33940		3. Date Formed or Registered 10/21/1992	
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 02/20/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation GA	
City & State		City & State		6. FEI Number 65-0351813	
Zip		Country		7. Certificate of Status Desired	
				8. Make check payable to: Dept. of State (See reverse side for fee information)	
				5a. Capital Contributions as Shown on record. \$132,000.00	
				5b. Amount of Capital Contributions in FLORIDA to date:	
				☐ Applied For ☐ Not Applicable	
				\$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code		
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.					
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____					
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.					
11. Name(s) of General Partner(s)		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)		11b. City, State & Zip Code	
SHC NAPLES, INC.		ONE HEALTHSOUTH PARKW		BIRMINGHAM AL	
				K49526	
				8000002721128--5 -12/23/98--01071--015 ****526.25 ****526.25	
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.					
SIGNATURE  DATE 9/8/98					
Typed or Printed Name of General Partner Signing Form RICHARD E. BOTTS, VP Daytime Telephone Number (205) 967-7116					

CR2E003 (8/98)