

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000001019**

1. Entity Name

ST. AUGUSTINE SURGERY CENTER, LTD.

FILED

2002 FEB 26 AM 10:12

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



| | |
|--|---|
| Principal Place of Business 180 SOUTH PARK BLVD. ST AUGUSTINE FL 32086 | Mailing Address % HEALTHSOUTH CORPORATION PO BOX 380546 BIRMINGHAM AL 35238 |
|--|---|

| | |
|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|--------------------|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

| | |
|---------------------------|--|
| DUE BY MAY 1, 2002 | |
|---------------------------|--|

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|------------------------------------|--|
| 4. FEI Number 59-3397798 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

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

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|---|
| 6. Name and Address of Current Registered Agent |
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| 7. Name and Address of New Registered Agent |
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| CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 |
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|--|
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | DATE _____ |
|---|------------|

| | | |
|--|---|--|
| 9. Capital Contributions as Shown on record. \$381,250.00 | 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 | | 13. ADDRESS CHANGES ONLY | |
|---|---|--------------------------|--|
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | P98000046082 NSC ST. AUGUSTINE, INC. ONE HEALTHSOUTH PARKWAY BIRMINGHAM AL 35243 | STREET ADDRESS | |
| | | CITY-ST-ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS | |
| | | CITY-ST-ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS | 400005041484--2 -03/04/02--01088--016 |
| | | CITY-ST-ZIP | ****526.25 ****526.25 |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS | |
| | | CITY-ST-ZIP | |
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| DOCUMENT # NAME 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, VP of GP | 1/31/02 | (205) 967-7116 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> | | <small>Date</small> | <small>Daytime Phone #</small> |

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CR2E003 (9/01)

STAPLE HERE