

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

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

DOCUMENT # A96000001019 1. Entity Name ST. AUGUSTINE SURGERY CENTER, LTD.					
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	04142004 Chg-LP CR2E003 (10/03)	
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	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			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 _____ DATE _____ <small>Signature typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$381,250.00		10. Amount of Capital Contributions in FLORIDA to date \$381,250.00			
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 #	P98000046082		STREET ADDRESS		
NAME	NSC ST. AUGUSTINE, INC.		CITY - ST - ZIP		
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY			U00000159348 05/13/04 88882-003 526.25	
CITY - ST - ZIP	BIRMINGHAM, AL 35243		STREET ADDRESS		
DOCUMENT #			CITY - ST - ZIP		
NAME			STREET ADDRESS		
STREET ADDRESS			CITY - ST - ZIP		
CITY - ST - ZIP			STREET ADDRESS		
DOCUMENT #			CITY - ST - ZIP		
NAME			STREET ADDRESS		
STREET ADDRESS			CITY - ST - ZIP		
CITY - ST - ZIP			STREET ADDRESS		
DOCUMENT #			CITY - ST - ZIP		
NAME			STREET ADDRESS		
STREET ADDRESS			CITY - ST - ZIP		
CITY - ST - ZIP			STREET ADDRESS		
DOCUMENT #			CITY - ST - ZIP		
NAME			STREET ADDRESS		
STREET ADDRESS			CITY - ST - ZIP		
CITY - ST - ZIP			STREET ADDRESS		
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/VP of GP 4/26/04 (205)967-7116		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE