


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

**FILED**  
**May 16, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A96000001019</b>			
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
4. FEI Number 59-3397798		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	



1ST MOORE CR2E003 (10/04)

5. Name and Address of Current Registered Agent  CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 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 Signature, typed or printed name of registered agent and title if applicable		DATE	
9. Capital Contributions as Shown on record. \$381,250.00		10. Amount of Capital Contributions in FLORIDA to date. 381,250.00	

**FILE NOW!!! Due by May 1, 2005.**  
**See Block 11 instructions for fee info.**

**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		
CITY- ST- ZIP	BIRMINGHAM AL 35243		
DOCUMENT #		STREET ADDRESS	
NAME		CITY- ST- ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY- ST- ZIP			

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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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/25/05 205-967-7116

Date Daytime Phone #

STAPLE CHECK HERE