2008 LIMITED PARTNERSHIP ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# A96000001019

Entity Name: ST. AUGUSTINE SURGERY CENTER, LTD.

Current Principal Place of Business:

180 SOUTH PARK BLVD.
ST AUGUSTINE, FL 32086

New Principal Place of Business:

3660 GRANDVIEW PARKWAY
SUITE 200
BIRMINGHAM, AL 35243 US

Current Mailing Address:

% HEALTHSOUTH CORPORATION
PO BOX 380546
BIRMINGHAM, AL 35238

New Mailing Address:

P. O. BOX 380546
BIRMINGHAM, AL 35238 US

FEI Number: 59-3397798 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

GENERAL PARTNER INFORMATION:

Document #: P98000046082
Name: NSC ST. AUGUSTINE, INC.
Address: ONE HEALTHSOUTH PARKWAY
City-St-Zip: BIRMINGHAM, AL 35243

ADDRESS CHANGES ONLY:

Address: 3660 GRANDVIEW PARKWAY, SUITE 200
City-St-Zip: BIRMINGHAM, AL 35243 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DONNA M. LECKY AS 05/01/2008

Electronic Signature of Signing General Partner — Date