


FILE ON OR BEFORE APRIL 7, 1999 TO AVOID  
REVOCATION AND \$500 PENALTY FEE

<b>LIMITED PARTNERSHIP ANNUAL REPORT 1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS <b>99 MAR 15 AM 11:48</b>	
<b>1. Name of Limited Partnership</b>  <b>DAY SURGERY, LTD.</b>		<b>1a. DOCUMENT #</b> <b>A96000002075</b>			
<b>Mailing Address</b> <del>1715 SE TIFFANY AVENUE</del> <del>PORT ST. LUCIE FL 34985</del>		<b>Principal Office Address</b> 1715 SE TIFFANY AVENUE PORT ST. LUCIE FL 34985		<b>3. Date Formed or Registered</b> 11/07/1996	
<b>2. Mailing Address</b> P. O. BOX 380546 Suite, Apt. #, etc. City & State <b>BIRMINGHAM, AL</b> Zip Country 35238 USA		<b>2a. Principal Office Address</b> Suite, Apt. #, etc. City & State Zip Country		<b>3a. Date of Last Report</b> 04/07/1998	
<b>4. State or Country of Formation</b> FL		<b>5a. Capital Contributions as Shown on record</b> \$1,000.00		<b>5b. Amount of Capital Contributions in FL ORIDA to date</b>	
<b>6. FEI Number</b> 65-0707875		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		<b>7. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required	
<b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>					
<b>9. Name and Address of Current Registered Agent</b> <del>GORMAN, EILEEN</del> <del>1715 SE TIFFANY AVENUE</del> <del>PORT ST. LUCIE FL 34985</del>			<b>10. If changed, now Registered Agent/Office</b> Name <b>C T CORPORATION SYSTEM</b> Street Address (P.O. Box Number Is Not Acceptable) <b>1200 PINE ISLAND ROAD</b> Suite, Apt. #, etc. <b>20000012811 1998-01</b> City <b>PLANTATION</b> <b>03/23/99 01035-003</b> <b>****141.FL**008241.25</b>		
<b>10a.</b> 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) <i>Connie Bryan</i> <b>Connie Bryan, Special Assistant Secy</b> DATE <b>3/18/99</b>					
<b>A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b>					
<b>11. Name(s) of General Partner(s)</b> NSC PORT ST. LUCIE, INC.		<b>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b> <del>1715 SE TIFFANY AVENUE</del> ONE HEALTHSOUTH PKWY		<b>11b. City, State &amp; Zip Code</b> <del>PORT ST. LUCIE FL 349</del> BIRMINGHAM, AL 35243	
<b>11c. Registration/Document Number</b> P96000074064		BK 3/15/99			
<b>Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.</b>					
<b>12.</b> 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 <i>Richard E. Botts</i> DATE <b>3/6/99</b> Typed or Printed Name of General Partner Signing Form <b>RICHARD E. BOTTS</b> Daytime Telephone Number <b>(205) 967-7116</b>					

CR2E003 (12/98)