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

CHECK

SIGNATURÉ

May 16, 2005 08:00 AV DOCUMENT # B93000000278 Secretary of State 1. Entity Name OAKWATER OUTPATIENT SURGERY CENTER, L.P. Principal Place of Business Mailing Address 3885 OAKWATER CIRCLE, SUITE B ORLANDO FL 32806 P.O. BOX 380546 BIRMINGHAM AL 35238 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1ST MOORE CR2E003 (10/04) Applied For City & State City & State 4. FEl Number 58-2056225 ~ Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND AVE. PLANTATION FL 33324 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. 11. FILE NOW!!! Due by May 1, 2005. SIGNATURE Signature, typed or printed name of registered agent and title if applicable See Block 11 instructions for fee info. DATE 9. Capital Contributions 10. Amount of Capital Contributions \$750,000.00 as Shown on record. in FLORIDA to date 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. GENERAL PARTNER INFORMATION 12. 13. ADDRESS CHANGES ONLY DOCUMENT # F93000003001 STREET KOORESS SHC OAKWATER, INC. NAME ONE HEALTHSOUTH PARKWAY STREET ADDRESS CUTY-Si-7/P BIRMINGHAM AL 35243 CITY-ST-ZIP 11000000366852 DOCUMENT # 05/16/05-80009-015 526.25 STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZH CITY - ST - ZIP DOCUMENT & STREET ADDRESS NAME STREET ADDRESS CHY-ST-7/P CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CHY-ST-ZIP City-St-78 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS DDY-ST-7P CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

14. I hereby certify that the information supplied with this filling 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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

Brian M Menke/Vice President

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING GENERAL PARTNER

FILED