

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY 16 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04282006 Chg-LP CR2E003 (11/05) 06

DOCUMENT # B93000000278	
1. Entity Name OAKWATER OUTPATIENT SURGERY CENTER, L.P.	



Principal Place of Business 3885 OAKWATER CIRCLE, SUITE B ORLANDO, FL 32806	Mailing Address P.O. BOX 380546 BIRMINGHAM, AL 35238
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip Country	Zip Country

4. FEI Number 58-2056225	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND AVE. PLANTATION, FL 33324
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 one if applicable.	800075648368 06/01/06--01039--001 ***26900.00 DATE
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FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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 #	F930000003001	STREET ADDRESS	
NAME	SHC OAKWATER, 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			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date _____	Daytime Phone # _____
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