2003 LIMITED PARTNERSHIP **UNIFORM BUSINESS REPORT (UBR)**

B9300000278 DOCUMENT

1. Entity Name OAKWATER OUTPATIENT SURGERY CENTER, L.P.

Principal Place of Business
3885 OAKWATER CIRCLE. SUITE B

ORLANDO FL 32806

9. Capital Contributions

as Shown on record.



Mailing Address P.O. BOX 380546

BIRMINGHAM AL 35238

FILED 03 HAY -5 PH 7: 05 SECRETARY OF STATE TALLAHASSEE FLORIDA

2. Principal Place	e of Business	3. Mailing Address)	IR MONIT DANCE HAND INMUE LOUR HOME
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DUE BY MAY 1, 2003	
City & State		City & State			4. FEI Number 58-2056225 Applied For Not Applicable	
						Not Applicable
Zip	Country .	Zip	Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM				Name		
1200 SOUTH		Street Addre		ess (P.O. Box Number is Not Acceptable)		
PLANTATION	FL 33324					
				City		Zin 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.

\$750,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

DATE

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

TOTE. General Parties was 1401 be disanged on the form, an amendment most be med to change a general parties.							
12.	GENERAL PARTNER INFORMATION	13.	ADDRESS CHANGES ONLY				
DOCUMENT # NAME	F93000003001 SHC OAKWATER, INC.	STREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP	ONE HEALTHSOUTH PARKWAY BIRMINGHAM AL 35243	CITY-ST-ZIP	400018007354 05/05/0301055028 **526.25				
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DOCUMENT # NAME		STREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP					

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:

RICHARD E BOTTS

4/28/03

205/967-7116

Daytime Phone #