

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 DEC -4 AM 9:08



1. Name of Limited Partnership	1a. DOCUMENT # B9400000139
TAMPA PAIN MANAGEMENT CENTER, L.P., LTD.	

Mailing Address XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX	Principal Office Address XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX
2. Mailing Address P O BOX 380546 Suite, Apt. #, etc.	2a. Principal Office Address 5013 N. ARMENIA AVENUE Suite, Apt. #, etc.
City & State BIRMINGHAM, AL	City & State TAMPA, FL
Zip Country 35238	Zip Country 33603

3. Date Formed or Registered 04/13/1994	5a. Capital Contributions as Shown on record. \$10,000.00
3a. Date of Last Report 01/07/1997	
4. State or Country of Formation TN	5b. Amount of Capital Contributions in FLORIDA to date:
6. FEI Number XXXXXXXXXXXX 62-1581815 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

10. If changed, new Registered Agent/Office

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
Suite, Apt. #, etc. _____
City _____ **FL** Zip Code _____

10a. 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) _____ DATE _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
TAMPA OUTPATIENT SURGERY JOI	XXXXXXXXXXXXXXXXXXXX ONE HEALTHSOUTH PARKWAY	XXXXXXXXXXXX BIRMINGHAM, AL 35243	A29512

200002366732--0
-12/09/97--01048--003
****178.75 ****173.75

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. 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 Richard E. Botts DATE 9/23/97
Typed or Printed Name of General Partner Signing Form RICHARD E. BOTTS, VP TAX Daytime Telephone Number (205)967-7116

CR2E003 (6/97)