


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

FILED
2005 MAY -4 PM 12: 04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B94000000139 1. Entity Name TAMPA PAIN MANAGEMENT CENTER, L.P., LTD.			
Principal Place of Business 5013 N. ARMENIA AVE. TAMPA FL 33603		Mailing Address P.O. BOX 380546 BIRMINGHAM AL 35238	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1ST MOORE CR2E003 (10/04)

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM % CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip 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.		11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE _____	
9. Capital Contributions as Shown on record.	\$10,000.00	10. Amount of Capital Contributions 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.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	A29512	STREET ADDRESS	
NAME	TAMPA OUTPATIENT SURGERY JOINT VENTURE, LTD	CITY-ST-ZIP	
STREET ADDRESS	ONE HEALTHSOUTH PKWY.		
CITY-ST-ZIP	BIRMINGHAM AL 35243		
DOCUMENT #		STREET ADDRESS	100055724081
NAME		CITY-ST-ZIP	06/06/05--01005--013 **158.75
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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 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:  **Brian M. Menke**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/27/05
Date

(205) 967-7116
Daytime Phone #