2000 UNIFORM BUSINESS REPORT (UBR)

B9400000140 DOCUMENT # 1. Entity Name

TAMPA IVF/GIFT CENTER, L.P., LTD.

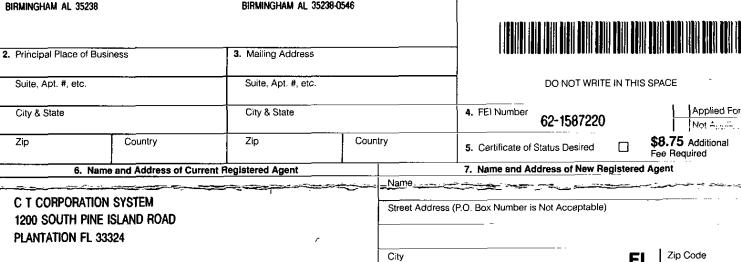
Principal Place of Business

Mailing Address

P.O. BOX 380546

P.O. BOX 380546

BIRMINGHAM AL 35238-0546



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.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

City

9. Capital Contributions as Shown on record.

\$10,000.00

10. Amount of Capital Contributions in FLORIDA to date.

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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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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 PAHTNER INFORMATION	13.	ADDRESS CHANGES ONE!
DOCUMENT# NAME	A29512 TAMPA OUTPATIENT SURGERY JOINT VENTURE,LTD	STREET ADORESS	2000031250127
STREET ADDRESS CITY - ST - ZIP	ONE HEALTHSOUTH PKWY. BIRMINGHAM AL 35243	CITY-ST-ZIP	-02/04/0001098020 ****158.75 ****158.75
DOCUMENT# NAME		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT#		STREET ADDRESS	
STREET ADDRESS CITY - ST - ZIP		CITY-ST-ZIP	
DOCUMENT# NAME		STREET ADORESS	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADJRESS CITY-ST-ZIP	·	CITY-ST-ZEP	
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 fimited pertnership the receiver or trustee empowered to effect this report as fequired by Chapter 64 pertnership the receiver or trustee empowered to effect this report as fequired by Chapter 64 pertnership the receiver or trustee empowered to effect the report as fequired by Chapter 64 pertnership the receiver or trustee empowered to effect the receiver or trustee empowered to effect the receiver of the receiver or trustee empowered to effect the receiver of the receiver or trustee empowered to effect the receiver of the receiver or trustee empowered to effect the receiver of th

SIGNATURE:

Richard E. Botts

1/25/00

(205) 967-7116

Daytime Phone #