

Document Number Only

395000000096

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SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
95 MAR 17 PM 3:33

C T CORPORATION SYSTEM

Requestor's Name

1311 Executive Center Drive, etc. 200

Address

Tallahassee, FL 32301 (904) 656-8298  
City State Zip Phone

CORPORATION(S) NAME

700001435887  
-03/22/95--01018--004  
\*\*\*1785.00 \*\*\*1785.00

HSC Surgical Associates of Ft. Pierce, L.P., Ltd.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Profit                         | <input type="checkbox"/> Amendment              | <input type="checkbox"/> Merger          |
| <input type="checkbox"/> NonProfit                      | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark            |
| <input type="checkbox"/> Foreign                        | <input type="checkbox"/> Annual Report          | <input type="checkbox"/> Other           |
| <input checked="" type="checkbox"/> Limited Partnership | <input type="checkbox"/> Reservation            | <input type="checkbox"/> Change of H.A.  |
| <input type="checkbox"/> Restatement                    | <input type="checkbox"/> Photo Copies           | <input type="checkbox"/> Fictitious Name |
| <input type="checkbox"/> Certified Copy                 | <input type="checkbox"/> Call When Ready        | <input type="checkbox"/> CUS / G/S       |
| <input type="checkbox"/> Call When Ready                | <input type="checkbox"/> Call If Problem        | <input type="checkbox"/> After 4:30      |
| <input checked="" type="checkbox"/> Walk In             | <input checked="" type="checkbox"/> Will Wait   | <input type="checkbox"/> Pick Up         |
| <input type="checkbox"/> Mail Out                       |   |  |

Name	
Availability	OK 3/17/95
Document Examiner	
Updater	
Verifier	
Acknowledgment	
W.P. Verifier	

3/17/95  
3:00

PLEASE RETURN EXTRA COPY(S)  
FILE STAMPED

G. TAX FILING 1750  
R. AGENT FEE 35  
C. COPY  
TOTAL 1785  
N. BANK  
BALANCE DUE  
OFFIND

CH2E031 (1-89)

Florida Department of State, Jim Smith, Secretary of State

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP  
FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

1. HSC Surgical Associates of Ft. Pierce, L.P., Ltd.

(Name of limited partnership as it is in the home state;

2. \_\_\_\_\_

(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida; must contain the word "LIMITED" or "LTD.")

3. Georgia

(State of Formation)

4. 1-10-94

(Date of Formation)

5. \_\_\_\_\_

CT CORPORATION SYSTEM

(Name of Registered Agent for Service of Process)

6. \_\_\_\_\_

c/o CT Corporation System, 1200 South Pine Island Road

(Street Address of Registered Office)

\_\_\_\_\_

(City)

Florida

33324

(Zip Code)

7. Acceptance by the Registered Agent for Service of Process.

CT CORPORATION SYSTEM

Connie Bryan

(Officer must sign on this line)

CONNIE BRYAN

SPECIAL ASSISTANT SECRETARY

(Type Name and Title of Officer)

8. c/o CT Corporation System, 1201 Peachtree Street, N.E., Atlanta, GA 30361

(Address of Registered Office required in State of Formation or, if not required, Address of Principal Office.)

**9. NAME OF GENERAL PARTNERS**

HSC of Ft. Pierce, Inc.

**SPECIFIC ADDRESS**

c/o Surgical Health Corporation  
Suite 300  
990 Hammond Drive  
Atlanta, Georgia 30328

F95000001299

10. c/o Surgical Health Corporation, Suite 300, 990 Hammond Drive, Atlanta, GA 30328

(Office where Names, Addresses and Contributions of Limited Partners are kept.)

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is cancelled or withdrawn.

12. c/o Surgical Health Corporation, Suite 300, 990 Hammond Drive, Atlanta, GA 30328

(Mailing Address of Limited Partnership)

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DIVISION OF CORPORATIONS  
MAR 11 PM 3:35

This 13th day of March, 1995.

H. Michael Finley  
General Partner

H. Michael Finley, Senior Vice President-Finance  
of HSC of Ft. Pierce, Inc.

STATE OF GEORGIA

COUNTY OF FULTON

THE FOREGOING instrument was acknowledged and sworn to before me this 13 day  
of March, 1995, by HSC of Ft. Pierce, Inc. (Name of General Partner) of

HSC Surgical Associates of Ft. Pierce, L.P.  
(Name of Limited Partnership), A Georgia (State or Country) Limited  
Partnership, on behalf of the Limited Partnership.

Betty A. Guinteri

Notary Public

State of Georgia at Large

My Commission Expires:

(SEAL)

Notary Public, Fulton County, Georgia.  
My Commission Expires March 09, 1998.

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**AFFIDAVIT OF CAPITAL CONTRIBUTIONS**

BEFORE ME, the undersigned, personally appeared HSC of Ft. Pierce, Inc., a  
general partner of HSC Surgical Associates of Ft. Pierce, a (an)  
Georgia limited partnership, hereinafter referred to as the "Partnership", who  
certifies as follows: L.P.

1. The amount of capital contributions of the limited partners is \$ 270,000.00.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 270,000.00.

This 13th day of March, 1995

**FURTHER AFFIANT SAYETH NOT.**

Under penalties of perjury I declare that I have read the foregoing and that the facts are true to the best of my knowledge and belief.

General Partner

H. Michael Finley

H. Michael Finley, Senior Vice President  
of HSC of Ft. Pierce, Inc.

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DIVISION OF CORPORATIONS  
95 APR 17 PM 3:33

STATE OF GEORGIA  
COUNTY OF FULTON  
DATE 3-12-95

BEFORE ME, the undersigned officer, a Notary Public authorized to administer oaths and to take acknowledgments in and for the State and County set forth above, personally appeared HSC of Ft. Pierce, Inc. (General Partner, known to me and know by me to be the person who executed the foregoing Affidavit of Capital Contributions, and he acknowledged to me and before me that he executed this Affidavit as General Partner of said partnership.

IN WHITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this 13 day of March, 1995.

Betty J. Giuntini  
Notary Public

Ses

State of Georgia at Large

My Commission Expires:

Notary Public, Fulton County, Georgia.  
My Commission Expires March 09, 1998.

FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra Northam  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

96 JAN -9 AM 9:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership  
**1a. DOCUMENT #**  
**B95000000096**  
**HSC SURGICAL ASSOCIATES OF FT. PIERCE, L.P., 96-AR**  
**LTD. CM**

2. New Mailing Address, If Applicable  
Suite, Apt. #, etc. **P. O. Box 380546**  
City, State & Zip **Birmingham, AL 35238**

2a. New Principal Office Address, If Applicable  
Suite, Apt. #, etc. **1707 South 25th Street**  
City, State & Zip **Fort Pierce, FL 34947**

Mailing Address  
**HSC SURGICAL ASSOCIATES OF FT. PIERCE, L.P., LTD.**  
Principal Office Address  
**HSC SURGICAL ASSOCIATES OF FT. PIERCE, L.P., LTD.**  
If above addresses are incorrect in any way, line through the incorrect information and enter correct address in Block 2 and/or 2a.

3. Date Formed or Registered to Do Business in  
FLORIDA **03/17/1995**  
3a. Date of Last Report  
4. State or Country of Formation  
**GA**

5a. Capital Contributions as Shown  
on Record **\$270,000.00**  
5b. Amount of Capital Contributions in  
FLORIDA to date  
6. FEI Number  
**58-2088823**  
Applied For **7. CERTIFICATE OF STATUS REQUIRED**  
Not Applicable **\$475.00 Additional Fee required  
for a Certificate of Status**

8. FEES: 1.) Filing Fee: Computed at a rate of \$7 per \$1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of \$52.50 and a maximum of \$437.50  
2.) Supplemental Fee: \$138.75 (pursuant to section 607.183, F.S.)  
THE AMOUNT DUE SHALL BE NO LESS THAN \$191.25 (\$52.50 + \$138.75) AND NO MORE THAN \$576.25 (\$437.50 + \$138.75)  
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee  
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE

9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**  
10. If changed, new Registered Agent/Office  
Name  
Street Address (P.O. Box Number If 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)  
**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY**

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
<b>HSC OF FT. PIERCE, INC.</b>	<b>C/O 990 HAMMOND DRIVE</b>	<b>ATLANTA GA 30328</b>	<b>F95000001299</b> <b>800001688769</b> <b>-01/12/96--01097--018</b> <b>*****576.25 *****576.25</b>

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 **12/27/97**  
Typed or Printed Name of General Partner Signing Form **Richard E. Botts, Group Vice President** Telephone Number **(205) 967-7116**  
of the General Partner

B95000000096

Requestor's Name

**HEALTHSOUTH**  
Corporation

Two Perimeter Park South • Birmingham, AL 35243

700002004627--5

-11/14/96--01071--002

\*\*\*\*\*52.50 \*\*\*\*\*52.50

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

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TALLAHASSEE, FLORIDA

NEW FILINGS	
	Profit
	NonProfit
	Limited Liability
	Domestication

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

Name	Other
Availability	
OTHER FILINGS	
Document	Examiner
Annual Report	
Update	Fictitious Name
Update	Name Reservation
Verify	
Acknowledgement	DCC
W. P. Verifier	DCC

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

Changing the old  
from name.

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**CERTIFICATE OF AMENDMENT  
TO  
CERTIFICATE OF LIMITED PARTNERSHIP  
OF**

\_\_\_\_\_  
HSC SURGICAL ASSOCIATES OF FT. PIERCE, L.P., LTD  
(Insert name currently on file with Florida Dept. of State)

Pursuant to the provisions of section 620.109, Florida Statutes, this Florida limited partnership, whose certificate was filed with the Florida Department of State on 3/17/95, adopts the following certificate of amendment to its certificate of limited partnership:

**FIRST:** Amendment(s): (indicate article number(s) being amended, ~~added~~, or deleted)

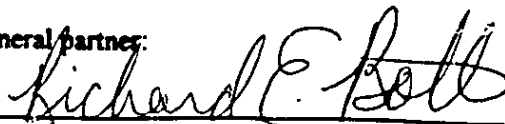
HSC SURGICAL ASSOCIATES OF FT. PIERCE, L.P.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**SECOND:** This certificate of amendment shall be effective at the time of its filing with the Florida Department of State.

**THIRD: Signature(s)**

Signature of current general partner:



RICHARD E. BOTTS, VICE PRESIDENT OF THE GENERAL PARTNER

Signature(s) of new general partner(s), if applicable:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_