


# 2002 UNIFORM BUSINESS REPORT (UBR)

001792 AT

**DOCUMENT # B95000000096**

**1. Entity Name**  
HSC SURGICAL ASSOCIATES OF FT. PIERCE, L.P.

**FILED**  
**2002 MAY -8 AM 11:15**  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



**Principal Place of Business**  
1707 SOUTH 25TH STREET  
FORT PIERCE FL 34947

**Mailing Address**  
P.O. BOX 380546  
BIRMINGHAM AL 35238

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip Country

**DUE BY MAY 1, 2002**

**4. FEI Number** 58-2088823

Applied For  
Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM  
1200 SOUTH 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.**

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**9. Capital Contributions** as Shown on record. **\$270,000.00**

**10. Amount of Capital Contributions** in FLORIDA to date.

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

**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 #	F95000001299	STREET ADDRESS	
NAME	HSC OF FT. PIERCE, INC.	CITY-ST-ZIP	
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY		
CITY-ST-ZIP	BIRMINGHAM AL 35243		
DOCUMENT #		STREET ADDRESS	600005600626--9
NAME		CITY-ST-ZIP	-05/24/02--01001--007
STREET ADDRESS			*****526.25 *****526.25
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STREET ADDRESS			
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:**  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER** Richard E. Botts 4/24/02 (205) 967-7116

Date Daytime Phone #

CR2E003 (9/01)