

2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004.

FILED
May 06, 2004 08:00 AM
Secretary of State

DOCUMENT # B95000000096

1. Entity Name

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



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.

Suite, Apt #, etc

City & State

City & State

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions
as Shown on record.

\$270,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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
NAME HSC OF FT. PIERCE, INC.
STREET ADDRESS ONE HEALTHSOUTH PARKWAY
CITY - ST - ZIP BIRMINGHAM AL 35243

STREET ADDRESS

CITY - ST - ZIP

000000159976
05/13/04 00003 006 526.25

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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

Brian M. Menke

4/30/04

(205)967-7116

Date

Daytime Phone #

STAPLE CHECK HERE