

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

**FILED
May 16, 2005 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**



1ST MOORE CR2E003 (10/04)

2. Principal Place of Business: Suite, Apt #, etc.

3. Mailing Address: Suite, Apt #, etc.

City & State

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.

11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

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.

**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

DOCUMENT #	F95000001299
NAME	HSC OF FT. PIERCE, INC.
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY
CITY - ST - ZIP	BIRMINGHAM AL 35243
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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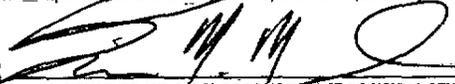
13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY - ST - ZIP	
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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, the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:  **Brian M. Menke** **4/27/05** **(205) 967-7111**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #