

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 JAN 28 PM 4: 53

1. Name of Limited Partnership

1a. DOCUMENT #
B96000000302

**HEALTHSOUTH SURGERY CENTER OF PINELLAS PARK, LIM
ITED PARTNERSHIP**

Mailing Address

Principal Office Address

**TWO PERIMETER PARK SOUTH, SUITE 224-W
BIRMINGHAM AL 35243**

**X330 PARK STREET X
XINNOXALB CHAPLAIN X**

3. Date Formed or Registered

08/02/1996

5a. Capital Contributions as
Shown on record.

\$240,000.00

3a. Date of Last Report

5b. Amount of Capital
Contributions in FLORIDA
to date.

4. State or Country of Formation

TN

2. Mailing Address

2a. Principal Office Address

TWO PERIMETER PARK SOUTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
BIRMINGHAM, AL

Zip

Country

Zip

35243

Country

USA

6. FEI Number

NOT APPLICABLE

☐ Applied For
☒ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

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 Is 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) _____ DATE _____

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

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

HEALTHSOUTH SURGERY CENTER O

TWO PERIMETER PARK SO

BIRMINGHAM AL 35243

F96000003946

**500002078315--0
-02/05/97--01050--010
****576.25 ****576.25**

KWM

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)(b), 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 _____

DATE **1/14/97**

Typed or Printed Name of General Partner Signing Form

AARON BEAM, JR.

Daytime Telephone Number

(205) 967-7116

CR2E003 (6/96)