



FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 FEB 15 AM 3:14	
1. Name of Limited Partnership <b>HEALTHSOUTH SURGERY CENTER OF PINELLAS PARK, LIMITED PARTNERSHIP</b>		1a. DOCUMENT # <b>B96000000302</b>			
Mailing Address <b>XXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXX</b>		Principal Office Address <b>ONE HEALTHSOUTH PARKWAY BIRMINGHAM AL 35243</b>		3. Date Formed or Registered <b>08/02/1996</b>	
2. Mailing Address <b>P. O. BOX 380546</b> Suite, Apt. #, etc.		2a. Principal Office Address Suite, Apt. #, etc.		3a. Date of Last Report <b>12/03/1997</b>	
City & State <b>BIRMINGHAM, AL</b>		City & State		4. State or Country of Formation <b>TN</b>	
Zip <b>35238</b>		Country <b>USA</b>		5a. Capital Contributions as Shown on record <b>\$240,000.00</b>	
				5b. Amount of Capital Contributions in FLORIDA to date:	
				6. FEI Number <b>AP-PLIED FOR 63-1196088</b> <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				7. Certificate of Status Desired <input type="checkbox"/> \$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 <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City <b>FL</b> 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 _____					
<b>A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b>					
11. Name(s) of General Partner(s) <b>HEALTHSOUTH SURGERY CENTER O</b>		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) <b>ONE HEALTHSOUTH PARKW</b>		11b. City, State & Zip Code <b>BIRMINGHAM AL 35243</b>	
				11c. Registration/ Document Number <b>F96000003946</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 <b>Richard E. Botts</b> DATE <b>12/14/98</b>					
Typed or Printed Name of General Partner Signing Form <b>RICHARD E. BOTTS - SR VICE PRESIDENT</b> Daytime Telephone Number <b>205-967-7116</b>					

CR2E003 (8/98)