
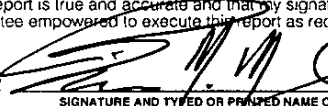


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

FILED

2005 MAY -5 PM 12:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                             |         |                                                                                                                                                     |                                                                                   |         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------|
| <b>DOCUMENT # B96000000302</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                             |         |                                                                                                                                                     |  |         |
| 1. Entity Name<br>HEALTHSOUTH SURGERY CENTER OF PINELLAS<br>PARK, LIMITED PARTNERSHIP                                                                                                                                                                                                                                                                                                                                                                                                       |                                             |         |                                                                                                                                                     |                                                                                   |         |
| Principal Place of Business<br>ONE HEALTHSOUTH PARKWAY<br>BIRMINGHAM, AL 35243                                                                                                                                                                                                                                                                                                                                                                                                              |                                             |         | Mailing Address<br>P.O. BOX 380546<br>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 |
| 6. Name and Address of Current Registered Agent<br><br>C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION, FL 33324                                                                                                                                                                                                                                                                                                                                                        |                                             |         | 7. Name and Address of New Registered Agent<br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br><b>FL</b> 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>                                                                                                                                                                                                                                                                                                                                                                  |                                             |         |                                                                                                                                                     |                                                                                   |         |
| 9. Capital Contributions as Shown on record. <b>\$240,000.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                            |                                             |         | 10. Amount of Capital Contributions in FLORIDA to date.                                                                                             |                                                                                   |         |
| <b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b><br><b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>                                                                                                                                                                                                                                                                 |                                             |         |                                                                                                                                                     |                                                                                   |         |
| 12. GENERAL PARTNER INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                             |         | 13. ADDRESS CHANGES ONLY                                                                                                                            |                                                                                   |         |
| DOCUMENT #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | F96000003946                                |         | STREET ADDRESS                                                                                                                                      |                                                                                   |         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | HEALTHSOUTH SURGERY CENTER OF PINLS PK, INC |         | CITY-ST-ZIP                                                                                                                                         | 500055723545<br>06/06/05--01006--016 **526.25                                     |         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ONE HEALTHSOUTH PARKWAY                     |         | STREET ADDRESS                                                                                                                                      |                                                                                   |         |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | BIRMINGHAM, AL 35243                        |         | CITY-ST-ZIP                                                                                                                                         |                                                                                   |         |
| DOCUMENT #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                             |         | STREET ADDRESS                                                                                                                                      |                                                                                   |         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                             |         | CITY-ST-ZIP                                                                                                                                         |                                                                                   |         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                             |         | STREET ADDRESS                                                                                                                                      |                                                                                   |         |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                             |         | CITY-ST-ZIP                                                                                                                                         |                                                                                   |         |
| DOCUMENT #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                             |         | STREET ADDRESS                                                                                                                                      |                                                                                   |         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                             |         | CITY-ST-ZIP                                                                                                                                         |                                                                                   |         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                             |         | STREET ADDRESS                                                                                                                                      |                                                                                   |         |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                             |         | CITY-ST-ZIP                                                                                                                                         |                                                                                   |         |
| DOCUMENT #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                             |         | STREET ADDRESS                                                                                                                                      |                                                                                   |         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                             |         | CITY-ST-ZIP                                                                                                                                         |                                                                                   |         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                             |         | STREET ADDRESS                                                                                                                                      |                                                                                   |         |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                             |         | 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:                                                                                                                                                                                                                                                                                                                                                                                               |                                             |         | Brian M Menke/Vice President 5/2/05 205-967-7116                                                                                                    |                                                                                   |         |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER                                                                                                                                                                                                                                                                                                                                                                                                                              |                                             |         | Date Daytime Phone #                                                                                                                                |                                                                                   |         |

STAPLE CHECK HERE