

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY 16 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04282006 Chg-LP CR2E003 (11/05) 06

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| DOCUMENT # B96000000302 | | |
| 1. Entity Name HEALTHSOUTH SURGERY CENTER OF PINELLAS PARK, LIMITED PARTNERSHIP | | |

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|--|--|
| Principal Place of Business ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 | 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 63-1196628 | Applied For <input type="checkbox"/> 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 _____ **600075648536**
Signature, typed or printed name of registered agent and title if applicable **06/01/06--01039--004 ***26900.00**

FILE NOW!!! - FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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 # NAME STREET ADDRESS CITY - ST - ZIP | F96000003946 HEALTHSOUTH SURGERY CENTER OF PINLS PK,INC ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 | STREET ADDRESS | |
| | | CITY - ST - ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP | | STREET ADDRESS | |
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| | | CITY - ST - ZIP | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Date Carphone Phone #

STAPLE CHECK HERE