

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

**FILED  
May 06, 2004 08:00 AM  
Secretary of State**

**DOCUMENT # B97000000218**  
1. Entity Name  
**HEALTHSOUTH SURGERY CENTER OF CLEARWATER,  
L.P.**



Principal Place of Business      Mailing Address  
**ONE HEALTHSOUTH PARKWAY  
BIRMINGHAM AL 35243**      **PO 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



MOORE CR2E003 (11/03)

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

4. FEI Number **63-1196625**      Applied For  
Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional  
Fee Required**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record      **\$75,000.00**      10. Amount of Capital Contributions in FLORIDA to date  
11. **MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION**

**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 #	F97000002007	STREET ADDRESS	
NAME	HEALTHSOUTH SURGERY CNTR OF CLEARWATER, INC	CITY - ST - ZIP	
STREET ADDRESS	ONE HEALTHSOUTH PARKWAY		
CITY - ST - ZIP	BIRMINGHAM AL 35243		
DOCUMENT #		STREET ADDRESS	
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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**      4/30/04      (205)967-7116  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

STAPLE CHECK HERE