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 JAN 27 PM 2:45

1. Name of Limited Partnership

1a. DOCUMENT # B98000000212

HEALTHSOUTH SURGERY CENTER OF TAMPA, L.P.

99-AR
CM

Mailing Address
~~ONE HEALTHSOUTH PARKWAY~~
~~XXXXXXXXXXXXXXXXXX~~
~~XXXXXXXXXXXXXXXXXX~~

Principal Office Address
ONE HEALTHSOUTH PARKWAY
BIRMINGHAM AL 35243

3. Date Formed or Registered
04/06/1998

3a. Date of Last Report

4. State or Country of Formation
TN

5a. Capital Contributions as Shown on record
$15,000.00

5b. Amount of Capital Contributions in FLORIDA to date

2. Mailing Address
P. O. BOX 380546
Suite, Apt #, etc

City & State
BIRMINGHAM, AL
Zip 35238 Country USA

2a. Principal Office Address
Suite, Apt #, etc

City & State

Zip Country

6. FEI Number
63-1196618
☐ 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 S.C. OF TAMPA, I	ONE HEALTHSOUTH PARKW	BIRMINGHAM AL 35243	F98000001968

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****193.75 ****193.75

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 Richard E. Botts DATE 12/14/98

Typed or Printed Name of General Partner Signing Form RICHARD E. BOTTS-SR VICE PRESIDENT Daytime Telephone Number 205-967-7116

C99000000212