200	2 UŅII	FOF	RM BUSI	NESS RI	EPORT	(UBR)	[526.25]	
DOCUMENT # A07659 1. Entity Name							FILED	· ,
HOSPITAL CONSTRUCTORS, LTD.							02 APR 23 PM 4: 31	
Principal Place of Business % MARY H. YUMIBE 3820 STATE SREET SANTA BARBARA CA 93105 2. Principal Place of Business				Mailing Address % MARY H. YUMIBE 3820 STATE SREET SANTA BARBARA CA 93105 3. Mailing Address		-	SECRETARY-OF-STATES TALLAHASSEE, FLORIDA	
Suite, Apt. #, etc.				Suite, Apt. #, etc.			DUE BY MAY 1, 2002	
City & State				City & State			4. FEI Number 74-2091588	Applied For Not Applicable
Zip Country			Žip	Cou	ntry	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required		
6. Name and Address of Current Re				l legistered Agent]	7. Name and Address of New Registered Ag	·
						Name	4000054825	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD						Street Address (P.O. Box Number is Not Acceptage) 02-01030-030		
PLANTATION FL 33324								
						City	FL	Zip Code
SIGNATURE			this statement for		nging its register	red office or regist	tered agent, or both, in the State of Florida.	
9. Capital Contributions as Shown on record. \$2,200,400.00 In FLORIDA to da						ributions 11. MAKE CHECK PAYABLE TO 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	
COCCUMENT # 460190 NAME LIFEMARK HOSPITALS OF FL					STR	STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP					CITY	/-ST-ZIP	BH .	
DOCUMENT # NAME					STR	EET ADDRESS		
STREET ADDRESS CITY-ST-ZIP					CITY	'-ST-ZIP	4000054825 -05/07/02010	<u>647</u>
DOCUMENT # NAME					STR	EET ADDRESS	-05/07/02010 ****437,50 *	
STREET ADDRESS CITY-ST-ZIP					CITY	'-ST-ZIP		
DOCUMENT # NAME					STR	EET ADDRESS		
STREET ADDRESS CITY-ST-ZIP					CITY	-ST-ZIP		
DOUGMENT /					STR	EET ADDRESS		
STREET ADDRESS CITY-ST-ZIP					CITY	-ST-ZIP		
DOCUMENT #								

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

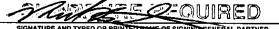
CITY-ST-ZIP

STREET ADDRESS

SIGNATURE: _

NAME STREET ADDRESS

CITY-ST-ZIP



805/563-7075