


# 2002 UNIFORM BUSINESS REPORT (UBR)

0016811 AT

**DOCUMENT # A31413**

1. Entity Name  
**KENDALL HEALTHCARE GROUP, LTD.**

**FILED**  
**02 APR 17 AM 4:04**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**ONE PARK PLAZA  
NASHVILLE TN 37202**

Mailing Address  
**P.O. BOX 750 - LEGAL DEPT.  
NASHVILLE TN 37202**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

**DUE BY MAY 1, 2002**

4. FEI Number **65-0260078**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

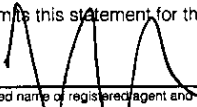
6. Name and Address of Current Registered Agent

**THE PRENTICE HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name **CT Corporation System**  
Street Address (P.O. Box Number is Not Acceptable) **1200 South Pine Island Road**  
City **Plantation** FL Zip Code **33324**

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.

SIGNATURE  **JENNIFER F AULTMAN** DATE **4-11-02**  
Signature, typed or printed name of registered agent and title if applicable ASSISTANT SECRETARY

9. Capital Contributions as Shown on record. **\$7,200,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

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

DOCUMENT #	<b>S36456</b>
NAME	<b>COLUMBIA HOSPITAL CORP. OF KENDALL</b>
STREET ADDRESS	<b>ONE PARK PLAZA</b>
CITY-ST-ZIP	<b>NASHVILLE TN 37202</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	<b>100005311981--3</b>
	<b>-04/22/02--01016--001</b>
	<b>****526.25 ****526.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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:  **JENNIFER F AULTMAN** Assistant Sec. 3-22-02 344-2190  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CFR2E003 (9/01)