

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 21, 2001 08:00 AM
Secretary of State

DOCUMENT # A33501
 1. Entity Name
DHI HOSPITALS, L.P., LIMITED PARTNERSHIP

Principal Place of Business		Mailing Address	
550 N. REO ST. #300		550 N. REO ST. #300	
TAMPA	FL	TAMPA	FL
33609		33609	

2. Principal Place of Business		3. Mailing Address	
3225 S MACDILL AVE		3225 S MACDILL AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
#129-327		#129-327	
City & State		City & State	
TAMPA	FL	TAMPA	FL
Zip	Country	Zip	Country
33629		33629	

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-3137910	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
PAJOT, RICHARD J. 550 N. REO ST. #300				Name MCNAMARA THOMAS P			
TAMPA				Street Address (P.O. Box Number is Not Acceptable) 2909 BAY TO BAY BLVD.			
33629 US				#309			
				City TAMPA			
				FL			
				Zip Code 33629			

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 **THOMAS P. MCNAMARA** DATE **01/21/2001**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. 1,802,089.00	10. Amount of Capital Contributions in FLORIDA to date. 1,802,089.00	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #		STREET ADDRESS	3225 S MACDILL AVE, #129-327
NAME	DYNAMIC HEALTH, INC.	CITY-ST-ZIP	TAMPA FL 33629
STREET ADDRESS	777 S. HARBOUR ISLAND BLVD #890		
CITY-ST-ZIP	TAMPA FL		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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NAME		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: RICHARD J. PAJOT **EVP** **01/21/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)