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(((H13000221309 3)))



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To:

Division of Corporations

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Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

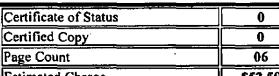
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LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION PALMS OF PASADENA HOSPITAL, LP



NC

Estimated Charge \$52.50

> J. SAULSBERRY EXAMINER

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Corporate Filing Menu

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7 2013

COVER LETTER

	istration ision of (Section Corporations		•			
SUBJECT	:	Palms of ame of Foreign Limited P	Pasad ertnership	ena Hospit or Limited Liabil	al, LP lity Limited Partnershi	p	
The enclose	ed amend	iment and fec(s) are st	ubmitted	for filing.			
Please retui	n all con	respondence concerni	ng this m	atter to:			
	8	Stacey McLaughlin					
		Contact Person					~ >
		IASIS Healthcare				- P	2013 SEP -4
		Firm/Company			•		- 153 []
	117 Se	aboard Lane, Buildi	ng E			6 () 4 () 5/-	
		Address				70	T.
		nklin, TN 37087-285	55			OHACI	8: 27
	· ·	City, State and Zip Code					لنسأ
E-mail s	mclaug	hlin@iasishealthcar	e.com	(ication)		*·	
		ion concerning this me					
,	Stanov N	McLaughlin	o+ /	61 <u>5</u>)	467-1238		
		itact Person			me Telephone Numbe		
		for the following amo			•		
\$52.50 Fili	ing Fee	\$61.25 Filling Fee and Certificate of Status		i.00 Filing Fee tified Copy	\$113.75 Filing For Certified Copy, and Certificate of Status	i	
STREET A		S:		MAILING A			
Registration				Registration			
Division of		ions		Division of C			
Clifton Buil		Cinala		P. O. Box 63			
2661 Execu				Tallahassee,	IL 32314		

AMENDMENT TO CERTIFICATE OF AUTHORITY FOR FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

The name of the limited partnership appears on the records of the Florida D Palms of P		ip as it
2. The jurisdiction of its formation is:_	Delaware	
3. The date the entity was authorized to	o transact business in Florida is:	10/25/1999
4. If the amendment changes the name limited partnership, enter the new name		liability
Acceptable Limited Partnership suffixes: Limit Acceptable Limited Liability Limited Partnersh or LLLP.	ted Parmership, Limited, L.P., LP, or Ltd. tip suffixes: Limited Liability Limited Partn	ership, L.L.P.
5. If the amendment changes the general cach general partner:	al partner(s), list the name and busing	
Name:	Business Address:	A COM
		

7. If the amendment corrects any statement being corrected and the	false statement listed in the application, indicate t correction:	he .	
8. If the amendment is to add or d partnership statement, check the ap	lelete an election to be a limited liability limited ppropriate box:		
The entity elects to	be a limited liability limited partnership.		
The entity is no lon	ger a limited liability limited partnership.		
aforementioned amendment(s), dul	ate, no more than 90 days olds, evidencing the ly authenticated by the official having custody of le law of which this entity is organized.		
10. Effective date, if other than the (Effective date cannot be prior to nor mor Department of State.)	e date of filing: Otl, 203 re than 90 days after the date this document is filed by the f	Tortda	
, ,		2013 FAILL	
Signature of a general partner:	·	SE SE	-
- Iranotusa	<u>~</u>		, med (=
Temid or winted names			; ; ;
		2	
Secretary		8º,2	** * *
Typed or printed name: Frank A. Coyle Secretary Filing Fee: Certifled Copy (optional):	\$52.50 \$52.50	P(/ *	

Page 2 of 2

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "PALMS OF PASADENA HOSPITAL, LP", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "PP TRANSITION LP", THE SECOND DAY OF OCTOBER, A.D. 2013, AT 11:52 O'CLOCK A.M.

3102056

DATE: 10-04-13

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PP TRANSITION LP" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTH DAY OF OCTOBER, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

3102056 8300

131162787

AUTHENTY CATION: 0789274

DATE: 10-04-13