

**2014 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A13000000018

**Entity Name:** HOSPITAL MANAGEMENT SERVICES OF FLORIDA, LP

**Current Principal Place of Business:**

4000 MERIDIAN BLVD  
FRANKLIN, TN 37067

**Current Mailing Address:**

4000 MERIDIAN BLVD  
FRANKLIN, TN 37067 US

**FEI Number:** 20-5917647

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**General Partner Detail :**

Document # M13000001632  
Name HMA SERVICES GP, LLC  
Address 4000 MERIDIAN BLVD  
City-State-Zip: FRANKLIN TN 37067

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** RACHEL A SEIFERT

**SECRETARY**

**05/01/2014**

\_\_\_\_\_  
Electronic Signature of Signing General Partner Detail

\_\_\_\_\_  
Date