

2013 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A13000000018

Entity Name: HOSPITAL MANAGEMENT SERVICES OF FLORIDA, LP

Current Principal Place of Business:

5811 PELICAN BYA BLVD., SUITE 500
NAPLES, FL 34108

Current Mailing Address:

5811 PELICAN BYA BLVD., SUITE 500
NAPLES, FL 34108

FEI Number: 20-5917647

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 5811 PELICAN BAY BLVD., SUITE 500
City-State-Zip: NAPLES FL 34108

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: KATHLEEN K HOLLOWAY

SECRETARY

04/11/2013

Electronic Signature of Signing General Partner Detail

Date