

2018 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A29169

Entity Name: UNIVERSITY HOSPITAL, LTD.

Current Principal Place of Business:

ONE PARK PLAZA
NASHVILLE, TN 37203

Current Mailing Address:

P.O. BOX 750
LEGAL DEPT.
NASHVILLE, TN 37202 US

FEI Number: 65-0566885

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324-0000 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 # L27573
Name COLUMBIA HOSP. CORP. OF
TAMARAC
Address ONE PARK PLAZA
City-State-Zip: NASHVILLE TN 37203

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: NATALIE H. CLINE

VP OF GENERAL
PARTNER

04/16/2018

Electronic Signature of Signing General Partner Detail

Date