

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED

96 OCT -7 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT #
A05137

MEMORIAL HOSPITAL OF TAMPA, LTD.

97-AR
CM



Mailing Address

2700 COLORADO AVENUE
SANTA MONICA CA 90404

Principal Office Address

2700 COLORADO AVENUE
SANTA MONICA CA 90404

3. Date Formed or Registered

07/29/1976

5a. Capital Contributions as
Shown on record

\$812,500.00

3a. Date of Last Report

10/06/1995

5b. Amount of Capital
Contributions in FLORIDA
to date

4. State or Country of Formation

FL

2. Mailing Address

c/o Mary H. Yumibe

2a. Principal Office Address

Suite, Apt. #, etc.
3820 State Street

Suite, Apt. #, etc.

3820 State Street

City & State

Santa Barbara, CA

Zip

93105

Country

USA

City & State

Santa Barbara, CA

Zip

93105

Country

USA

6. FEI Number

59-1680988

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

C T CORPORATON SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

BROOKWOOD MED. CTR TAMPA

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

2901 SWANN AVENUE

11b. City, State & Zip Code

TAMPA FL

11c. Registration/
Document Number

500122

800001974228--9
-10/15/96--01121--012
****576.25 ****576.25

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Scott M. Brown, Sr.

Scott M. Brown, Sr. VP/Sec' for Brookwood

DATE

Sept 26, 1996

Typed or Printed Name of General Partner Signing Form Medical Center of Tampa, Inc., General Telephone Number 805/563-7075

CR2E003 (6/96)