


FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

| LIMITED PARTNERSHIP ANNUAL REPORT 1999 | |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
|--|---|---|-----------------------------------|
| 1. Name of Limited Partnership MEMORIAL HOSPITAL OF TAMPA, LTD. | | 1a. DOCUMENT # A05137 | |
| Mailing Address % MARY H. YUMIBE 3820 STATE STREET SANTA BARBARA CA 93105 | | Principal Office Address % MARY H. YUMIBE 3820 STATE STREET SANTA BARBARA CA 93105 | |
| 2. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | 2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country | |
| 3. Date Formed or Registered 07/29/1976 | | 5a. Capital Contributions as Shown on record. \$812,500.00 | |
| 3a. Date of Last Report 10/06/1997 | | 5b. Amount of Capital Contributions in FLORIDA to date: | |
| 4. State or Country of Formation FL | | 6. FEI Number 59-1680988 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 7. Certificate of Status Desired <input type="checkbox"/> \$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 CORPORATOIN 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) | 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) | 11b. City, State & Zip Code | 11c. Registration/Document Number |
| BROOKWOOD MED. CTR TAMPA | 2901 SWANN AVENUE | TAMPA FL | 500122 |
| 000002740140-5 -01/13/99-01072-010 ****526.25 ****526.25 | | | |
| 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 By Brookwood Medical Center of Tampa, Inc., General Partner Caitlin M. Larsen, Asst. Secretary | | DATE 12/8/98 Daytime Telephone Number 805/563-7075 | |

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E003 (8/98)