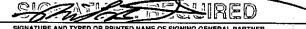
200	2 UŅII	FORM BUSI	NE	SS REPO	RT	(UBR)	5	26.25		
DOCUMENT # A09619 1. Entity Name							· ·	FILED	-2" 	
6103 WEBB ROAD, LTD.								2 APR 23 PM 4:	32	
Principal Place of Business % MARY H. YUMIBE 3820 STATE STREET SANTA BARBARA CA 93105				Mailing Address % Mary H. YUMIBE 3820 STATE STREET SANTA BARBARA CA 93105			TA	SECRETARY OF STATE TALL'AHASSEE, FLORIDA		
2. Principal Place of Business				3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DUE BY MAY 1, 2002			
City & State			City & State			4. FEI Nui		74-2205125	Applied For Not Applicable	
Zip			,		Cou	ntry	5. Certificate of	5. Certificate of Status Desired \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent						Name	7. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324						Street Address (P.O. Box Number is Not Acceptable) 3 2 5 5 8 5 5				
									*****88.75	
						,		FL	1 Zip Gode	
8. 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, typed or printed name of registered agent and title if applicable.								DATE		
9. Capital Contributions as Shown on record. \$100,000.00 in FLORIDA to date					ate.		11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.										
12. GENERAL PARTNER INFORMATION					13.					
DOCUMENT A NAME STREET ADDRESS	845271 LIFEMARK HOSPITALS, INC. S 3820 STATE STREET				STR	EET ADDRESS				
CITY-ST-ZIP	SANTA BARBARA CA 93105			CIT		r-ST-ZIP	S.K			
DOCUMENT # NAME					STR	EET ADDRESS	s			
STREET ADDRESS CITY-ST-ZIP					CITY	'-ST-ZIP	8000054825585 -05/07/0201090034			
DOCUMENT # NAME					STRI	EET ADDRESS		****437.50	****437.50	
STREET ADDRESS CITY-ST-ZIP					CITY	'-ST-ZIP				
DOCUMENT # NAME					STRE	EET ADDRESS				
STREET ADDRESS CITY_ST-ZIP					CITY	-ST-ZIP				
DOCUMENT *>					STRI	EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP					CITY	-ST-ZIP			{	
DOCUMENT # NAME					STRE	EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP					CITY	-ST-ZIP				
14. I hereby o	ertify that the	information supplied with t	his filin	a does not qualify for	the exe	motion stated in	n Section 119 07(3)(i)	Florida Statutes I further certi	fy that the information	

indicated on this report is true and accurate and that my 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

SIGNATURE: _



4/15/02 805/563-7075

Date Daytime Phone #