

**FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

<b>LIMITED PARTNERSHIP ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**98 JAN -5 PM 1:24** *2/1/97*



<b>1. Name of Limited Partnership</b>  <b>DOCTORS' HOSPITAL OF SOUTH MIAMI, LTD.</b>	<b>1a. DOCUMENT #</b> <b>A21845</b>
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<b>Mailing Address</b> P.O. BOX 380546 BIRMINGHAM AL 35238	<b>Principal Office Address</b> 7031 SOUTHWEST 62ND STREET SOUTH MIAMI FL 33143 US	<b>3. Date Formed or Registered</b> <b>01/16/1986</b>	<b>5a. Capital Contributions as Shown on record.</b> <b>\$2,000,000.00</b>
		<b>3a. Date of Last Report</b> <b>02/28/1997</b>	<b>5b. Amount of Capital Contributions in FLORIDA to date:</b>
		<b>4. State or Country of Formation</b> <b>FL</b>	
<b>2. Mailing Address</b> Suite, Apt. #, etc. City & State Zip Country	<b>2a. Principal Office Address</b> Suite, Apt. #, etc. City & State Zip Country	<b>6. FEI Number</b> <b>59-2639560</b>	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
		<b>7. Certificate of Status Desired</b>	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
<b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>			

<b>9. Name and Address of Current Registered Agent</b>  <b>C T CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>	<b>10. If changed, new Registered Agent/Office</b> Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City <b>FL</b> Zip Code
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**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.**

<b>11. Name(s) of General Partner(s)</b>  <b>HOSPITAL HEALTH SYS. INC</b>	<b>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b> <b>5000 UNIVERSITY DRIVE</b>	<b>11b. City, State &amp; Zip Code</b> <b>CORAL GABLES FL</b>	<b>11c. Registration/Document Number</b> <b>M25982</b>
<p style="text-align: right;"> <b>200002407412--0</b>  <b>-01/21/98--01113--007</b>  <b>****541.25 ****541.25</b> </p>			

**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 *Richard E. Boats* DATE *12/30/97*

Typed or Printed Name of General Partner Signing Form *RICHARD E. BOATS - VP OF THE GENERAL PARTNER* Daytime Telephone Number *(205) 987-7116*

CR2E003 (6/97)