


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

001966 MB

DOCUMENT # A21845 1. Entity Name DOCTORS' HOSPITAL OF SOUTH MIAMI, LTD.	
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FILED

03 MAY -6 PM 1:37

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DJM

Principal Place of Business 7031 SOUTHWEST 62ND STREET SOUTH MIAMI FL 33143 US	Mailing Address P.O. BOX 380546 BIRMINGHAM AL 35238
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2. Principal Place of Business	3. Mailing Address			4. FEI Number 59-2639560
Suite, Apt. #, etc.	Suite, Apt. #, etc.			Applied For <input type="checkbox"/> Not Applicable
City & State	City & State			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	Zip	Country	

DUE BY MAY 1, 2003

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 100018034681 05/06/03--01091--010 **526.25 City FL Zip Code
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$2,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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. ADDRESS CHANGES ONLY
DOCUMENT # M25982 NAME HOSPITAL HEALTH SYS. INC STREET ADDRESS ONE HEALTHSOUTH PKWY. CITY-ST-ZIP BIRMINGHAM AL 35243	STREET ADDRESS CITY-ST-ZIP
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify 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:  **SIGNATURE REQUIRED** Richard E. Botts, VP 4/30/03 (205)967-7116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE