

# 2002 UNIFORM BUSINESS REPORT (UBR)

0016967  
AT

**DOCUMENT # A22899**

1. Entity Name  
**KENDALL THERAPY CENTER, LTD.**

**FILED**  
**02 APR 17 AM 4:04**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**ONE PARK PLAZA  
NASHVILLE TN 37203**

Mailing Address  
**PO BOX 750 - LEGAL DEPT  
NASHVILLE TN 37202**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

**DUE BY MAY 1, 2002**

4. FEI Number **59-2717607**

Applied For  
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**THE PRENTICE HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET, SUITE 105  
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent  
Name **CT Corporation System**  
Street Address (P.O. Box Number is Not Acceptable) **1200 South Pine Island Road**  
City **Plantation** FL Zip Code **33324**

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 **JENNIFER F AULTMAN** **4-11-02**  
Signature, typed or printed name of registered agent and title if applicable. ASSISTANT SECRETARY DATE

9. Capital Contributions as Shown on record. **\$4,010,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>S71240 COLUMBIA HOSPITAL CORP. OF SOUTH MIAMI ONE PARK PLAZA NASHVILLE TN 37203</b>
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	<b>ALY</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	<b>000005327580--6 -04/23/02--01070--019 ****526.25 ****526.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E003 (9/01)

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** **Denson Assistant Sec. 3-22-02 344-2190**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #