

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A22899

FILED  
Apr 29, 2005  
Secretary of State

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

**Current Principal Place of Business:**

ONE PARK PLAZA  
NASHVILLE, TN 37203 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 750  
LEGAL DEPT  
NASHVILLE, TN 37202 US

**New Mailing Address:**

**FEI Number:** 59-2717607      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Capital Contributions as Shown on record:** 4,010,000.00

**Amount of Capital Contributions in Florida to date:** 4,010,000.00

**GENERAL PARTNER INFORMATION:**

Document #: S71240  
Name: COLUMBIA HOSPITAL CORP. OF SOUTH MIAMI  
Address: ONE PARK PLAZA  
City-St-Zip: NASHVILLE, TN 37203 US

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DORA A. BLACKWOOD, VP OF GENERAL PARTNER      VPAS      04/29/2005

\_\_\_\_\_ Electronic Signature of Signing General Partner

\_\_\_\_\_ Date