

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

<b>DOCUMENT # A26068</b> 1. Entity Name <b>NORTH MIAMI MEDICAL CENTER, LTD.</b>			
Principal Place of Business <b>13737 NOEL ROAD, STE 100          DALLAS, TX 75240</b>		Mailing Address <b>ATTN: DONNA JARRELL          13737 NOEL ROAD, SUITE 100          DALLAS, TX 75240</b>	
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01122007 Chg-LP CR2E003 (12/06)

4. FEI Number <b>75-2222461</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			

<b>6. Name and Address of Current Registered Agent</b>  <b>CT CORPORATION SYSTEM          1200 SOUTH PINE ISLAND ROAD          PLANTATION, FL 33324</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City
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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.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, Fee will be \$900.00**

**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 #	P26755	STREET ADDRESS	
NAME	RHC PARKWAY, INC.	CITY-ST-ZIP	
STREET ADDRESS	13737 NOEL ROAD, STE 100		
CITY-ST-ZIP	DALLAS, TX 75240		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this form shall have the same legal effect as if made under oath by the General Partner of the limited partnership or the receiver or liquidator.

**SIGNATURE**

*Kristina A. Mack*

Kristina A. Mack, Asst Sec of Gen Partner  
 3/28/07 - Phone 469-893-2701