

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**

2008 FEB 27 PM 12:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01112008 No Chg-LP

CR2E003 (12/06)

4. FEI Number  
**75-2222461**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DOCUMENT # A26068**

1. Entity Name  
NORTH MIAMI MEDICAL CENTER, LTD.



Principal Place of Business  
13737 NOEL ROAD, STE 100  
DALLAS, TX 75240

Mailing Address  
ATTN: DONNA JARRELL  
13737 NOEL ROAD, SUITE 100  
DALLAS, TX 75240

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

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

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

DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, 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

DOCUMENT # P26755  
NAME RHC PARKWAY, INC.  
STREET ADDRESS 13737 NOEL ROAD, STE 100  
CITY-ST-ZIP DALLAS, TX 75240

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CITY-ST-ZIP

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700119930717  
03/11/08--01009--011 \*\*\$500.00

**DO NOT WRITE  
IN THIS SPACE**

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 report is true and accurate and that my signature shall have the same legal effect as the signature of the partner, or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

**SIGNATURE:**

*Kristina A. Mack*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Kristina A. Mack, Assistant Secretary, 1/14/08  
Phone 469-893-2701

STAPLE CHECK HERE