

# 2010 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A26068

**FILED**  
**Apr 20, 2010**  
**Secretary of State**

**Entity Name:** NORTH MIAMI MEDICAL CENTER, LTD.

**Current Principal Place of Business:**

13737 NOEL ROAD, STE 100  
DALLAS, TX 75240

**New Principal Place of Business:**

1445 ROSS AVE  
SUITE 1400  
DALLAS, TX 75202

**Current Mailing Address:**

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

**New Mailing Address:**

ATTN: DONNA JARRELL  
1445 ROSS AVE, SUITE 1400  
DALLAS, TX 75202

FEI Number: 75-2222461

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

**GENERAL PARTNER INFORMATION:**

Document #: P26755  
Name: RHC PARKWAY, INC.  
Address: 13737 NOEL ROAD, STE 100  
City-St-Zip: DALLAS, TX 75240

**ADDRESS CHANGES ONLY:**

Address: 1445 ROSS AVE, SUITE 1400  
City-St-Zip: DALLAS, TX 75202

I hereby 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: KRISTINA A. MACK, SOLE DIR. OF GP

GP

04/20/2010

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

\_\_\_\_\_  
Date