

FILE ON OR BEFORE APRIL 7, 1999 TO AVOID  
REVOCATION AND \$500 PENALTY FEE

526.25

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 MAR 15 PM 2:55

1. Name of Limited Partnership

1a. DOCUMENT #  
A27760

CGH MANAGEMENT ASSOCIATES, LTD.



Mailing Address

C/O MARY H. YUMIBE  
3820 STATE STREET  
SANTA BARBARA CA 93105

Principal Office Address

3820 STATE STREET  
SANTA BARBARA CA 93105

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Formed or Registered

01/17/1989

3a. Date of Last Report

05/27/1998

4. State or Country of Formation

FL

6. FEI Number

58-1897737

7. Certificate of Status Desired

8. Make check payable to Dept. of State (See reverse side for fee information)

5a. Capital Contributions as  
Shown on record

\$1,500,000.00

5b. Amount of Capital  
Contributions in FLORIDA  
to date

1,500,000.00

☐ Applied For  
☐ Not Applicable

☐ \$8.75 Additional  
Fee Required

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

10. If changed, new Registered Agent/Office

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

CORAL GABLES HOSPITAL, INC.

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

3820 STATE STREET

11b. City, State & Zip Code

SANTA BARBARA CA 93110

11c. Registration/  
Document Number

G11755

AR-437.50  
AR SUP 88.75

BK 3/15/99

600002806686--2  
-03/15/99--01132--012  
\*\*\*\*437.50 \*\*\*\*437.50

600002506686--5  
-03/15/99--01132--013  
\*\*\*\*141.25 \*\*\*\*88.75

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Caitlin M. Larsen

DATE 2/12/99

Caitlin M. Larsen, Asst. Sec'y of Gen. Partners

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (12/99)