2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

	100100
DOCUMENT #	A29480
DOCUMENT#	

1. Entity Name FLORIDA MEDICAL CENTER. LTD.



SECREPART OF STATE TALLAHASSEE, FLORIDA Principal Place of Business C/O MARY H. YUM/BE Mailing Address C/O MARY H. YUMIBE 3820 STATE STREET 3820 STATE STREET SANTA BARBARA CA 93105 SANTA BARBARA CA 93105 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2003** City & State 4. FEI Number 65-0154753 Applied For City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code 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

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.

10. Amount of Capital Contributions

GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. L32855 DOCUMENT # STREET ADDRESS MCF, INC. NAME 3820 STATE STREET STREET ADDRESS CITY-ST-ZIP SANTA BARBARA CA 93105 CITY-ST-ZIP 000016951960 DOCUMENT # 04/24/03--01030--029 STREET ADDRESS **526.25 NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-7IP DOCUMENT # 9 STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

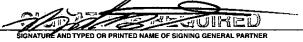
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made 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: _

9. Capital Contributions

as Shown on record.

\$4,980,000.00



4/10/03

Date

Daytime Phone #

11. MAKE CHECK PAYABLE TO FL. DEPT, OF STATE

:R2E003 (10/02)