

2002 UNIFORM BUSINESS REPORT (UBR)

0016578 AT

DOCUMENT # **A31526**

1. Entity Name

MIAMI BEACH HEALTHCARE GROUP, LTD.

FILED

02 APR 17 AM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

**ONE PARK PLAZA
NASHVILLE TN 37203**

Mailing Address

**PO BOX 750
NASHVILLE TN 37202**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

75-2379007

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, SUITE 105
TALLAHASSEE FL 32301**

Name

CT Corporation System
Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

City

Plantation FL 33324

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.

SIGNATURE

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

JENNIFER F AULTMAN

DATE

4-11-02

9. Capital Contributions
as Shown on record.

\$38,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

ASSISTANT SECRETARY

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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 # **S45582**
NAME **COLUMBIA HOSPITAL CORP. OF MIAMI BEACH, INC**
STREET ADDRESS **ONE PARK PLAZA T.**
CITY-ST-ZIP **NASHVILLE TN 37203**

STREET ADDRESS

CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Denson Assistant Sec - 3-22-02 344-2190

Date

Daytime Phone #

CR2E003 (9/01)