LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR

IGNATURE:

	UNIFORM BUS		(
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P	erdido Hospital	ity Limited	y	2002 AUG 22 PM 9: 49	
	DO NOT WR	ITE IN THIS	SPACE	DIVISION OF TALLAHAS	CORPORATIONS SEE, FLORIDA
	Place of Business	3. Mailing Address		-	
113 Baybridge Park Suite, Apt. #, etc.		Same		DO NOT WRITE IN THIS SPACE	
		Suite, Apt. #, etc.		DUE BY MAY 1	
Culf 5		City & State		4. FEI Number	
Zip	Breeze, FL Country	7:-		59-3134962	Applied For Not Applicab
32561		Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
		**************************************	Name	7. Name and Address of Current Reg	gistered Agent
	DO NOT	WRITE	Jı	ulian B. MacQueen	
v	IN THIS		Street Addre	ss (P.O. Box Number is Not Acceptable)	
,	IIA I UIS 3	SPACE	13	3585 Perdido Key Dr	ive
			0:4	ensacola	
8. The above	e named entity submits this stateme	ent for			FL 232507
		CITE OF COMMON	na its registered office or real-		
	A	ent for symbose of changir	ng its registered office or regis	stered agent, or both, in the State of Florida	
SIGNATURE	1 Dan		ng its registered office or regis		
9. Capital Co	Signature, typed of printed name of registered ontributions	agent and title if applicable.		08,	/16/02
	Signature, typed of printed name of registered ontributions on record. \$300,700	agent and title if applicable. 10. Amount of Confidence in FLORIDA	Capital Contributions to date	11. MAKE CHECK PA	/16/02 DATE NABLE TO DEPT. OF STATE
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Julian B. MacQueen

(850) 934-3609

08/16/02