

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 DEC 19 AM 8:27
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #
A93000000026

CEDARS HEALTHCARE GROUP, LTD.



Mailing Address

ONE PARK PLAZA
P.O. BOX 570
NASHVILLE TN 37202

Principal Office Address

ONE PARK PLAZA
P. O. BOX 570
NASHVILLE TN 37202

3. Date Formed or Registered

01/04/1993

5a. Capital Contributions as
Shown on record.

\$46,350,000.00

3a. Date of Last Report

12/19/1996

5b. Amount of Capital
Contributions in FLORIDA
to date.

4. State or Country of Formation

FL

6. FEI Number

75-2461475

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

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

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

PO Box 750
Legal Dept.
Nashville TN
37202 USA

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

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

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

FL

Zip Code

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)

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

11b. City, State & Zip Code

11c. Registration/
Document Number

COLUMBIA HOSPITAL CORP. OF C

ONE PARK PLAZA

NASHVILLE TN 37203

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-12/30/97--01042--001
****541.25 ****541.25

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

DATE 12-8-97

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

Dora A. Blackwood

615 344 2162

CR2E003 (6/97)