2005 LIMITED PARTNERSHIP ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# A94000000886

Entity Name: MEDICAL CENTER AT ST. LUCIE WEST, LTD.

Current Principal Place of Business:

300 HOSPITAL AVENUE
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 9010
STUART, FL 34995

New Mailing Address:

FEI Number: 65-0504863 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MEDICAL CAMPUS MANAGEMENT, INC.
300 HOSPITAL AVENUE
STUART, FL 34994 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Capital Contributions as Shown on record: 2,242,547.00
Amount of Capital Contributions in Florida to date: 2,242,547.00

GENERAL PARTNER INFORMATION:

Document #: P95000081401
Name: MEDICAL CAMPUS MANAGEMENT, INC.
Address: 300 HOSPITAL AVE
City-St-Zip: STUART, FL 34994

ADDRESS CHANGES ONLY:

Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: RICHMOND M HARMAN P 04/29/2005

Electronic Signature of Signing General Partner — Date