

2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A94000000886

FILED
Apr 30, 2009
Secretary of State

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:

300 HOSPITAL AVENUE
STUART, FL 34994 US

Current Mailing Address:

P.O. BOX 9010
STUART, FL 34995

New Mailing Address:

P.O. BOX 9010
STUART, FL 34995 US

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

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: STUART, FL 34994 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MARK ROBITAILLE

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04/30/2009

Electronic Signature of Signing General Partner

Date