

APPLICATION FOR  
REINSTATEMENT  
FOR  
LIMITED PARTNERSHIP

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 MAY 27 PM 3:16

DOCUMENT # **A95 000001062**

1. Name of Limited Partnership

CGH Hospital, Ltd.

DO NOT WRITE IN THIS SPACE.

2. Mailing Address

c/o Mary H. Yumibe

Suite, Apt. #, etc.

3820 State Street

City & State

Santa Barbara, CA

Zip

93105

Country

USA

3. Principal Office Address

3820 State Street

Suite, Apt. #, etc.

City & State

Santa Barbara, CA

Zip

93105

Country

USA

4. Date Formed or Registered  
To Do Business in Florida

7/14/95

5. FEI Number

65-0638215

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

SB 75 Additional Fee required  
for a Certificate of Status

7. State or Country of Formation

8a. Capital Contributions as Shown  
on Record:

\$5,000,000.00

8b. Amount of Capital Contributions in  
FLORIDA to date:

\$5,000,000.00

**FEES:** 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.  
2.) Supplemental Fee(s): \$80.75 for each year due this office, beginning with 1992 calendar year.  
3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.

Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Name and Address of Current Registered Agent

C T Corporation System  
1200 S. Pine Island Road  
Plantation, FL 33324

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. Names of General Partner(s)

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

City, State and Zip Code

11a. Registration  
Document Number

Coral Gables Hospital, Inc.

3820 State Street

Santa Barbara, CA 93105

611755

800002548178--1  
-06/04/98--01097--011  
\*\*\*1041.25 \*\*\*1041.25

**REINSTATEMENT**

CRUS 527

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 May 20, 1998

Typed or Printed Name of General Partner Signing Form Karen S. Rothberg, Asst. Secretary

Telephone Number 805/563-7075

CFR2E039 (12/97)