

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999



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

**FILED**

98 DEC 23 PM 4:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership  CGH HOSPITAL, LTD.	1a. DOCUMENT # <b>A95000001062</b>
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Mailing Address C/O MARY H. YUMIBE 3820 STATE STREET SANTA BARBARA CA 93105	Principal Office Address 3820 STATE STREET SANTA BARBARA CA 93105	3. Date Formed or Registered 07/14/1995	5a. Capital Contributions as Shown on record. \$5,000,000.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 05/27/1998	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	
City & State	City & State	6. FEI Number 65-0638215	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	7. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
		8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent  CT CORPORATION SYSTEM 1200 SOUTH 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
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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)  CORAL GABLES HOSPITAL, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) .820 STATE STREET	11b. City, State & Zip Code SANTA BARBARA CA 9310	11c. Registration/ Document Number G11755
000002740150--4 -01/13/99--01072--014 ****526.25 ****526.25			

**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 By Caitlin M. Larsen DATE 12/8/98  
Coral Gables Hospital, Inc., General Partner  
Caitlin M. Larsen, Asst. Secretary  
Daytime Telephone Number 805/563-7075

CR2E003 (8/98)