

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000001062

1. Entity Name CGH HOSPITAL, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 APR 17 PM 1:10

Principal Place of Business: 3820 STATE STREET, SANTA BARBARA CA 93105
Mailing Address: C/O MARY H. YUMIBE, 3820 STATE STREET, SANTA BARBARA CA 93105-3112



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0638215		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$5,000,000.00** 10. Amount of Capital Contributions in FLORIDA to date. 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	G11755	STREET ADDRESS	700003217447--9
NAME	CORAL GABLES HOSPITAL, INC.	CITY - ST - ZIP	-04/21/00--01003--023
STREET ADDRESS	.820 STATE STREET		****437.50 ****437.50
CITY - ST - ZIP	SANTA BARBARA CA 93105		
DOCUMENT #		STREET ADDRESS	700003217447--9
NAME		CITY - ST - ZIP	-04/21/00--01003--024
STREET ADDRESS			*****88.75 *****88.75
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
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DOCUMENT #		STREET ADDRESS	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			

14. I hereby certify that the information supplied with this filing does not qualify 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 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: By Chad J. ... **REQUIREDA** Asst. Secretary 4/11/00 805/563-7075
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #