

2001 UNIFORM BUSINESS REPORT (UBR)

0017639 AF

DOCUMENT # A95000001062

1. Entity Name
CQH HOSPITAL, LTD.

FILED

01 APR 13 AM 9:45

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

4. FEI Number
65-0638215

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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. **\$5,000,000.00**

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**
NAME **CORAL GABLES HOSPITAL, INC.**
STREET ADDRESS **820 STATE STREET**
CITY-ST-ZIP **SANTA BARBARA CA 93105**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS **400004036284--6**
CITY-ST-ZIP **04/20/01--01104--024**
******437.50 ****437.50**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS **400004036284--6**
CITY-ST-ZIP **04/20/01--01104--025**
*******88.75 *****88.75**

DOCUMENT #
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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: *Caitlin M. Larsen*
Caitlin M. Larsen, Asst. Sec'y

3/20/01 **805/563-7075**
Date Daytime Phone #

CFR2E003 (11/00)