

2002 UNIFORM BUSINESS REPORT (UBR)

526 25

0020541 AB

DOCUMENT # A95000001062

1. Entity Name
CGH HOSPITAL, LTD.

FILED
02 APR 23 PM 4:32
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



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

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

City & State

DUE BY MAY 1, 2002

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

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)
500005482555--4
-05/07/02-01090-030
******710.00 *****88.75**
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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**
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
CITY-ST-ZIP
500005482555--4
-05/07/02-01090-032
******437.50 ****437.50**

DOCUMENT #
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CITY-ST-ZIP

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/15/02 **805/563-7075**
Date Daytime Phone #

CR2E003 (9/01)