2008 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2008**

DO NOT WRITE IN THIS SPACE

DOCUMENT # A95000001062

1. Entity Name CGH HOSPITAL, LTD.



Principal Place of Business 13737 NOEL ROAD, STE 100 DALLAS, TX 75240

Mailing Address ATTN: DONNA JARRELL 13737 NOEL ROAD, SUITE 100

DALLAS, TX 75240

FILED

2008 FEB 27 AM 11:21

SECRETARY OF STATE TALLAHASSEE, FLORIDA



01102008 No Chg-LP

CR2E003 (12/06)

65-0638215		Not Applicable
4. FEI Number		Applied For

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

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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.	I am familiar with, and accept
the obligations of registered agent.	

SIGNATURE

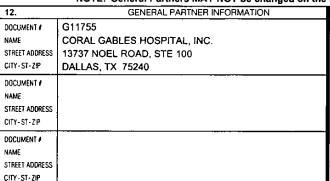
DOCUMENT #

STREET ADDRESS CITY-ST-ZIP 20CUMENT / NAME REET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00

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.



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14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Kristina A. Mack, Asst.

Sec of General Partner 469-893-2701

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER