

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED

2008 FEB 27 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01102008 No Chg-LP

CR2E003 (12/06)

4. FEI Number
65-0638215

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

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

DATE

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.

12. GENERAL PARTNER INFORMATION

DOCUMENT # G11755
NAME CORAL GABLES HOSPITAL, INC.
STREET ADDRESS 13737 NOEL ROAD, STE 100
CITY-ST-ZIP DALLAS, TX 75240

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

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300119930799
03/11/08--01009--016 **500.00

**DO NOT WRITE
IN THIS SPACE**

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

Kristina A. Mack, Asst. Sec of General Partner

1-11-08

469-893-2701

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE OR CLIP HERE