

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**DOCUMENT # A95000001080**

1. Entity Name  
**FMC HOSPITAL, LTD.**



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

Mailing Address  
 13737 NOEL ROAD, STE 100  
 DALLAS, TX 75240

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02212006 Chg-LP CR2E003 (11/05)

4. FEI Number  
 65-0638217

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

C T 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. 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, 2006, 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**

**13. ADDRESS CHANGES ONLY**

DOCUMENT # F93000003010  
 NAME FMC ACQUISITION, INC.  
 STREET ADDRESS 13737 NOEL ROAD, STE 100  
 CITY-ST-ZIP DALLAS, TX 75240

STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
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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 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:

*Caitlin Larsen*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Caitlin Larsen Sole Director

FMC Acquisition, Inc. 2/24/06 469-893-2701

Date

Daytime Phone #

STAPLE CHECK HERE

**FILED**  
 2006 MAR 17 PM 3:15  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

*BK*

