

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01122007

Chg-LP

CR2E003 (12/06)

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

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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, 2007, 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

800096163788
04/09/07--01005--012 **500.00

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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

Kristina A. Mack

Kristina A. Mack, Asst. Sec. of Gen Partner
 3/28/07 - Phone 469-893-2701

STAPLE CHECK HERE

FILED
07 APR -3 AM 8:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

