2005 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A97000000836

Entity Name: MEDICAL CENTER AT HOBE SOUND, LTD.

FILED Apr 29, 2005 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:	
300 HOSPITAL AVENUE STUART, FL 34995			
Current Mailing Address:		New Mailing Address:	
P.O. BOX 9010 STUART, FL 349959010			
FEI Number: 65-0748232	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:			New Registered Agent:
MEDICAL CAMPUS MANA 300 HOSPITAL AVENUE STUART, FL 34994 US	,		
The above named entity su in the State of Florida.	ubmits this statement for the p	ourpose of changing its registered	office or registered agent, or both
SIGNATURE:			
Electronic	Signature of Registered Age	ent	Date
	Shown on record: 2,492,18 ibutions in Florida to date:		Y:

Document #: P95000081401

Name: MEDICAL CAMPUS MANAGEMENT, INC.

 Address:
 300 HOSPITAL AVENUE
 Address:

 City-St-Zip:
 STUART, FL 34994
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: RICHMOND M HARMAN P 04/29/2005