

2005 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A97000001300

FILED
Apr 29, 2005
Secretary of State

Entity Name: TALLAHASSEE PHYSICIAN PRACTICES, LTD.

Current Principal Place of Business:

ONE PARK PLACE
NASHVILLE, TN 37203 US

New Principal Place of Business:

ONE PARK PLAZA
NASHVILLE, TN 37203 US

Current Mailing Address:

P.O. BOX 750
LEGAL DEPT.
NASHVILLE, TN 37202 US

New Mailing Address:

FEI Number: 62-1699764 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Capital Contributions as Shown on record: 1,000.00

Amount of Capital Contributions in Florida to date: 1,000.00

GENERAL PARTNER INFORMATION:

ADDRESS CHANGES ONLY:

Document #: P97000049303
Name: NORTH FLORIDA DIVISION PRACTICE, INC.
Address: ONE PARK PLAZA
City-St-Zip: NASHVILLE, TN 37203 US

Address:
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: DORA A. BLACKWOOD, VP OF GENERAL PARTNER VPAS

04/29/2005

Electronic Signature of Signing General Partner

_____ Date