## FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

99 DEC 28 AM 7: 00

1. Name of Limited Partnership  1a. DOCUMENT#  A9800000806  SECRETARY OF STATE  TALLAHASSEE, FLORIDA		<del></del>			9811FUZ	8 HU 1.00
SUNRISE REGIONAL MEDICAL CENTER, LTD.    Comparison of Registered   Stat. Capability Comparison   State   Stat	1. Name of Limited Partnership				· ·	
#####\$266, 25  ######\$266, 25  ######\$266, 25  ######\$266, 25  #####\$266, 25  ######\$266, 25  ######\$266, 25  ######\$266, 25  ######\$266, 25  ###################################	SUNRISE REGIONAL MEDICAL CENTER, LTD.					
28th PONCE DE LEON REVIO: - 90/175 - 90	Mailing Address	Principal Office Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as
2. Mality address S. W. 148 1 Avenue 2. 2a. Protocal Office Address 5.5. S. W. 148 1 Avenue 2. SSS S. W. 148 1 Avenue 3. SSS S. W. 148 1 Avenue 4. State 5. SS. S. W. 148 1 Avenue 5. SSS S. W. 148 1 Avenue 6. SSS S. W. 148 1 Avenue 6. SSS S. W. 148 1 Avenue 7. State 6. FEI Number 6. SSS S. W. 148 1 Avenue 7. Control of State 6. FEI Number 6. SSS S. W. 148 1 Avenue 7. Control of State 6. FEI Number 6. SSS S. W. 148 1 Avenue 7. Control of State 6. FEI Number 6. SSS S. W. 148 1 Avenue 7. Control of State 6. FEI Number 6. SSS S. S. Additional 7. Control of State 6. FEI Number 6. SSS S. S. Additional 7. Control of State 6. FEI Number 6. SSS S. S. Additional 7. Control of State 6. FEI Number 6. SSS S. S. Additional 7. Control of State 6. FEI Number 6. SSS S. S. Additional 7. Control of State 6. FEI Number 6. SSS S. S. Additional 7. Control of State 6. FEI Number 6. SSS S. S. Additional 7. Control of State 6. FEI Number 6. SSS S. S. Additional 7. Control of State 6. FEI Number 6. SSS S. SS						í . í
Subtle, Apt. #, etc.  Subtle, Apt. #, etc.  Suring & State  Su	2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address		- '	5b. Amount of Capital Contributions in FLORIDA to date:
Country State Sunrise Florida						
Sunnise Florida   Sunnise Flor					LI Applied For	
33325  8. Make check payable to: Dept. of State (See coveree cids for fee information)  9. Name CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525  Sulfo, Apt. #, etc.  City  FL  20 Code  10a. Pursuant to the provisions of sections 603 1031 and 603 102. Fortide Statutes, the above-memod limited partnership organizated or registered under the laws of the State of Florida, submits distinstending append. I also immitted within, and accept the obligations of sections of section	Sunrise Florida	Sunrise Flor	Sunrise Florida		7. Certificate of Status Desired	\$8.75 Additional
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525  Sullo, Apt. ft. etc.  Dity  FL  Zip Code  FL  Zip Code  FL  Zip Code  Total provisions of sections ECO, 1051 and ECO, 1192. Florida Stalutus, the above-named limited part-mentiple organized or registered under the laws of the State of Florida, submits this statement for the provisions of sections ECO, 1051 and ECO, 1192. Florida Stalutus, the above-named limited part-mentiple organized or registered under the laws of the State of Florida, submits this statement for the provisions of section ECO, 1051 and ECO, 1192. Florida Statutus, and accept the obligations of section ECO, 1322. Florida Statutus, and accept the obligations of section ECO, 1322. Florida Statutus, and accept the obligations of section ECO, 1322. Florida Statutus, and accept the obligations of section ECO, 1322. Florida Statutus, and accept the obligations of section ECO, 1322. Florida Statutus, and accept the appointment of registered agent. I am familiar with, and accept the obligations of section ECO, 1322. Florida Statutus, and accept the appointment of registered agent. I am familiar with, and accept the obligations of section ECO, 1322. Florida Statutus, and accept the obligations of section ECO, 1322. Florida Statutus, and accept the end of the ECO, 1322. Florida Statutus, and the ECO, 1322. Florida Statutus, and the ECO, 1322. Florida Statutus, and the experiment in the acceptance of the statute acceptance of the end of the event that the information supplied with this fair gis voluntarily formities as if made under catin. I further certify that I am a General Patrior of the limited patrior or trusted emprovemed to accept the test of sections with Section of trusted emprovement to accept the end of the statute acceptance of the st		33325	Country		8. Make check payable to: Dept. of S	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525  Sullo, Apt. ft. etc.  Dity  FL  Zip Code  FL  Zip Code  FL  Zip Code  Total provisions of sections ECO, 1051 and ECO, 1192. Florida Stalutus, the above-named limited part-mentiple organized or registered under the laws of the State of Florida, submits this statement for the provisions of sections ECO, 1051 and ECO, 1192. Florida Stalutus, the above-named limited part-mentiple organized or registered under the laws of the State of Florida, submits this statement for the provisions of section ECO, 1051 and ECO, 1192. Florida Statutus, and accept the obligations of section ECO, 1322. Florida Statutus, and accept the obligations of section ECO, 1322. Florida Statutus, and accept the obligations of section ECO, 1322. Florida Statutus, and accept the obligations of section ECO, 1322. Florida Statutus, and accept the obligations of section ECO, 1322. Florida Statutus, and accept the appointment of registered agent. I am familiar with, and accept the obligations of section ECO, 1322. Florida Statutus, and accept the appointment of registered agent. I am familiar with, and accept the obligations of section ECO, 1322. Florida Statutus, and accept the obligations of section ECO, 1322. Florida Statutus, and accept the end of the ECO, 1322. Florida Statutus, and the ECO, 1322. Florida Statutus, and the ECO, 1322. Florida Statutus, and the experiment in the acceptance of the statute acceptance of the end of the event that the information supplied with this fair gis voluntarily formities as if made under catin. I further certify that I am a General Patrior of the limited patrior or trusted emprovemed to accept the test of sections with Section of trusted emprovement to accept the end of the statute acceptance of the st	Name and Address of Current Registered Agent		<del></del>	10. If changed, new Registered Agent/Office		
1201 HAYS STREET TALLAHASSEE FL 32301-2525  Sulta, Apt. #, alt  Gity  FL  Zip Code  FL  Registration  FL  Registration  FL  FL  FL  FL  FL  FL  FL  FL  FL  F	<del></del>					
TALLAHASSEE FL 32301-2525    Suite, Apt. #, etc.			Street Addr	Street Address (P.O. Box Number Is Not Acceptable)		
Total Pursuant to the provisions of sections 620,1051 and 620,192, Florida Stalutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by its general partner(e), I hereby accept the appointment of registered agent, and accept the appointment of registered agent, and familiar with, and accepting Appointment)  A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11. Name(s) of General Partner(e)  11a. Address of Each General Partner  MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  SUNRISE REGIONAL, INC.  2801 PONCE DE LEON BL  CORAL GABLES FL 33134  P98000024935  Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner.  12. Ido hereby costify that the information supplied with this filing is voluntarily furnished and does not qualify for the wemption stated in Section 119.07(3)(6), Plorida Statutes. I release the Division of Control of Control of the American State of the State of Statutes and Control of Cont			Suite, Ant.	Suite, Act. #, etc.		
10a. Pursuant to the provisions of sections 620, 1051 and 620, 192, Florida Stalutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered spent. In a familier with, and accept the oligisteries of section 520,192, Florida Statutes.  SIGNATURE (Registered Agent Accepting Appointment)  DATE  A GÉNERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11. Name(s) of General Partner(s)  11a. Address of Each General Partner (Do NOT Use Proit Office Box Numbers)  SUNRISE REGIONAL, INC.  2801 PONCE DE LEON BL  CORAL GABLES FL 33134  P98000024935  Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner.  12. 1 do hereby certify that the Information supplied with this filing is voluntarity furnished and does not qualify for wearingtion of win Section 119,07(3)(s), Piorida Statutus, I release the Difficial or empowered to execute this report as required by chapter 620, Florida Statutus.  SIGNATURE  SIGNATURE  DATE  DAT	TALLAI MODEL I E DESU PEDES		City Zip Code			
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11. Name(s) of General Partner(s)  11a. Address of Each General Partners (Do NOT Use Post Office Box Numbers)  11b. City, State & Zip Code  11c. Registration/ Document Number  11b. City, State & Zip Code  11c. Registration/ Document Number  11c. Power Number  11d. Cornel GABLES FL 33134  P98000024935  11d. — 10d. —	agent. I am familiar with, and accept the obligat	tions of section 620.192, Florida Statutes.	·······		DATE_	
SUNRISE REGIONAL, INC.  2801 PONCE DE LEON BL  CORAL GABLES FL 33134  P98000024935  CORAL GABLES FL 33134  P98000024935  CORAL GABLES FL 33134  P98000024935  Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.  12. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Plorida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.  SIGNATURE  DATE  Document Number  TID. Cry, State & 2p Used  TIG. Document Number  TIG. Docum	A GENERAL PARTNER THA	AT IS A CORPORATION, JST BE REGISTERED AN	VD ACTIV	PART VE WIT	NERSHIP OR OTHE TH THIS OFFICE.	R BUSINESS ENTITY
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.  12. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.  SIGNATURE  DATE  DATE	11. Name(s) of General Partner(s)			11b.	City, State & Zip Code	
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Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.  SIGNATURE  DATE  DATE	Note: General partners MAY NO	OT be changed on this for	m; an am	endme	nt must be filed to cha	nge a general partner.
	Corporations from any liability of non-compliance this annual report is true and accurate and that me	with Section 119.07(3)(k) in the event that the i y signature shall have the same legal effects as	information suppl	lied is deem	ed exempt from public access. I further	certify that the information indicated on
Typed or Printed Name of General Partner Signing Form	SIGNATURE	"			DATE	18/23/98
	Typed or Printed Name of General Partner Signing Form				Daytime Telephone Number	