


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0011439 AT

DOCUMENT # A98000000806 1. Entity Name SUNRISE REGIONAL MEDICAL CENTER, LTD.	
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FILED

03 MAY -2 PM 7:53

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJM

Principal Place of Business 555 S.W. 148TH AVENUE SUNRISE FL 33325	Mailing Address 555 S.W. 148TH AVENUE SUNRISE FL 33325
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2. Principal Place of Business 1550 Madruga Avenue Suite, Apt. #, etc. Suite 208	3. Mailing Address P.O. Box 430740 Suite, Apt. #, etc.
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DUE BY MAY 1, 2003

City & State Coral Gables, FL	City & State Miami, FL 33243-0740		
Zip 33146	Country U.S.A.	Zip 33243-0740	Country U.S.A.

4. FEI Number 65-0824028	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
~~SECRETARY OF STATE~~
~~DEPARTMENT OF REVENUE~~
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$500,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

**11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

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	
DOCUMENT #	P98000024935
NAME	SUNRISE REGIONAL, INC.
STREET ADDRESS	555 S.W. 148TH AVENUE
CITY-ST-ZIP	SUNRISE FL 33325
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	1550 Madruga Avenue Suite 208
CITY-ST-ZIP	Coral Gables, FL 33146
STREET ADDRESS	300017904118
CITY-ST-ZIP	05/02/03--01074--019 **535.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify 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 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: SIGNATURE REQUIRED **Manuel L. Llano** **4/28/03** **305-663-4656**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone #

CR2E003 (10/02)

SAMPLE CHECK MEHC