

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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L. SELLERS

FEB - 8 2010

To:

Division of Corporations
Fax Number : (850) 617-6383

EXAMINER

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 FEB - 5 PM 1:50

RECEIVED

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION
MANATEE MEMORIAL HOSPITAL, LIMITED PARTNERSHIP

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$52.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 FEB - 5 AM 10:41

FILED

2/5/2010

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Manatee Memorial Hospital, LP
Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Contact Person

Firm/Company

Address

City, State and Zip Code

Caitlin.vernott@uhsinc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person

81 (_____) _____
Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$52.50 Filing Fee ☐ \$61.25 Filing Fee and Certificate of Status ☐ \$105.00 Filing Fee and Certified Copy ☒ \$113.75 Filing Fee, Certified Copy, and Certificate of Status

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**AMENDMENT TO CERTIFICATE OF AUTHORITY
FOR
FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. The name of the limited partnership or limited liability limited partnership as it appears on the records of the Florida Department of State is:

Manatee Memorial Hospital, LP

2. The jurisdiction of its formation is: Delaware

3. The date the entity was authorized to transact business in Florida is: 2/6/1995

4. If the amendment changes the name of the limited partnership or limited liability limited partnership, enter the new name:

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

5. If the amendment changes the general partner(s), list the name and business address of each general partner:

Name:

Business Address:

Wellington Regional Medical Center, Inc.

367 South Gulph Road

King of Prussia, PA 19406

6. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: _____

7. If the amendment corrects any false statement listed in the application, indicate the statement being corrected and the correction:

8. If the amendment is to add or delete an election to be a limited liability limited partnership statement, check the appropriate box:

☐ The entity elects to be a limited liability limited partnership.

☐ The entity is no longer a limited liability limited partnership.

9. Attached is an original certificate, no more than 90 days olds, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

10. Effective date, if other than the date of filing: _____
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signature of a general partner:



Typed or printed name:

Steve Filton, Vice President, Wellington Regional Hospital, General Partner

Filing Fee:	\$52.50
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

Delaware

PAGE 1

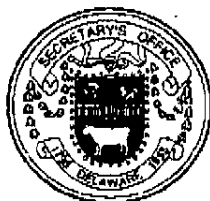
The First State

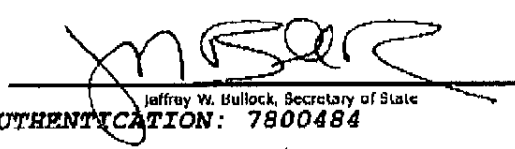
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "MANATEE MEMORIAL HOSPITAL, L.P.", FILED IN THIS OFFICE ON THE FOURTH DAY OF FEBRUARY, A.D. 2010, AT 5:51 O'CLOCK P.M.

2476889 8100

100111407

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 7800484

DATE: 02-05-10

State of Delaware
Secretary of State
Division of Corporations
Delivered 06:33 PM 02/04/2010
FILED 05:51 PM 02/04/2010
SRV 100111407 - 2476889 FILE

STATE OF DELAWARE
AMENDMENT TO THE CERTIFICATE OF
LIMITED PARTNERSHIP

The undersigned, desiring to amend the Certificate of Limited Partnership pursuant to the provisions of Section 17-202 of the Revised Uniform Limited Partnership Act of the State of Delaware, does hereby certify as follows:

FIRST: The name of the Limited Partnership is Manatee Memorial Hospital, LP

SECOND: Article 3 of the Certificate of Limited Partnership shall be amended as follows:

For accounting purposes only, effective December 31, 2009, the General Partner is Wellington Regional Medical Center, Inc. The General Partner has a business address at Universal Corporate Center, 367 South Gulph Road, King of Prussia, PA 19406.

IN WITNESS WHEREOF, the undersigned executed this Amendment to the Certificate of Limited Partnership on this 12TH day of FEBRUARY, A.D. 2010.

Wellington Regional Medical Center, Inc.
General Partner

By: Steve Fitton

Name: Steve Fitton, Vice President
Print or Type