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C T CORPORATION SYSTEM /Melanie Strickland

660 East Jefferson Street

Requestor's Name

Tallahassee, Florida 32301

Address

(850) 222-1092

City

State

Zip

Phone

CORPORATION(S) NAME

CERT - 43.75

Palms of Pasadena Hospital, L.P.

000003023950-3
 -10/25/99-01100-017
 *****96.25 *****96.25
 000003023950-3
 -10/25/99-01100-018
 *****8.75 *****8.75
 000003023950-3
 -10/25/99-01005-006
 *****43.75 *****43.75

- Profit
- NonProfit
- Limited Liability Company
- Foreign
- Limited Partnership
- Reinstatement
- Limited Liability Partnership
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Thanks, Melanie 😊

OCT 25

BK

10/25/99

APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

1. Palms of Pasadena Hospital, LP (Name of limited partnership as it is in the home state)

2. (If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida; must contain the word "LIMITED" or "LTD.")

3. Delaware (State of Formation) 4. 9/24/99 (Date of Formation)

5. C T Corporation System (Name of Registered Agent for Service of Process)

6. c/o C T Corporation System, 1200 South Pine Island Road (Street Address of Registered Office)

Plantation (City), Florida 33324 (Zip Code)

7. Acceptance by the Registered Agent for Service of Process: C T Corporation System

Handwritten signature: Bonnie Bryan, Special Asst. Secy.

8. 1209 Orange Street Wilmington, DE 19801 (Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS STREET ADDRESS

IASIS Healthcare Holdings, Inc. 104 Woodmont Blvd., Suite 101 Nashville, TN 37205

Handwritten: F99000005457

10. 104 Woodmont Blvd., Suite 101, Nashville, TN 37205 (Office where Names, Addresses and Contributions of Limited Partners are kept.)

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

Vertical stamps: 99 OCT 25 PM 4: 19, FILED STATE SECRETARY OF CORPORATIONS

12. 104 Woodmont Blvd., Suite 101, Nashville, TN 37205

(Mailing Address of Limited Partnership)

Under penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

This 14th day of October, 19 99

Frank A. Coyle
General Partner

IASIS Healthcare Holdings, Inc.

STATE OF

New York

Name: Frank A. Coyle

Title: Secretary

COUNTY OF

New York

On this 14th day of October, 19 99

Frank A. Coyle

personally appeared before me,

who is personally known to me

whose identity I proved on the basis of _____

[Signature]
(Notary Public Signature)

Josh S. Moroz

(Notary's Printed Name)

JOSH S. MOROZ
Notary Public, State of New York
No. 01MO6015802
Qualified in Westchester County
Commission Expires Nov. 9, 2000

Seal

My Commission Expires: _____

Certificate filed in N.Y. County

FILED STATE
SECRETARY OF CORPORATIONS
99 OCT 25 PM 4:19

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared Frank A. Coyle, Secretary of IASIS Healthcare Holdings, Inc., a general partner of Palms of Pasadena Hospital, LP, a (an) Delaware limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

- 1. The amount of capital contributions of the limited partners is \$ 99.00
- 2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 99.00

Under the penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

This 18th day of October, 19 99

IASIS Healthcare Holdings, Inc. (General Partner)
By: Frank A. Coyle
Frank A. Coyle
Secretary

99 OCT 25 PM 4: 19
NOTARY PUBLIC STATE OF TENNESSEE

STATE OF Tennessee
COUNTY OF Davidson

On this 18th day of October, 19 99

Frank A. Coyle personally appeared before me,

- who is personally known to me
- whose identity I proved on the basis of _____

Sherry K. Gregory
(Notary Public Signature)

Sherry K. Gregory
(Notary's Printed Name)

Seal

My Commission Expires: My Commission Expires JAN. 25, 2003