

2001 UNIFORM BUSINESS REPORT (UBR)

10/2

DOCUMENT # B99000000387
Entity Name Palms of Pasadena Hospital, L.P.

FILED
 01 NOV -2 PM 12:17
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
 113 Seaboard Lane
 Suite A-200
 Franklin, TN 37067

Mailing Address
 113 Seaboard Lane
 Suite A-200
 Franklin, TN 37067

2. Principal Place of Business
 113 Seaboard Lane, A-200

3. Mailing Address
 113 Seaboard Lane, A-200

DO NOT WRITE IN THIS SPACE

City & State
 Franklin, TN

City & State
 Franklin, TN

4. FEI Number
 62-1795583

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 CT Corporation System
 1200 South Pine Island Road
 Plantation, FL 33324

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 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.

SIGNATURE _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. \$99.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	F99000005458	STREET ADDRESS	
NAME	IASIS Healthcare Holdings, Inc.	CITY-ST-ZIP	
STREET ADDRESS	113 Seaboard Lane, A-200		
CITY-ST-ZIP	Franklin, TN 37067		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CR2E003 (11/00)

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.

By: IASIS Healthcare Holdings, Inc., General Partner
 Frank A. Coyle, Secretary 10/17/01

SIGNATURE: *Frank A. Coyle*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date 10/17/01 **Daytime Phone #**