2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR) - DUE BY MAY 1, 2006

SIGNATURE HULL AND TYPED OR PRINTED NAME OF

			,			_		
DOCUMENT # B9900000387 1. Entity Name							<u>)</u>	1 / /
PALMS OF PASADENA HOSPITAL, L			P			, 06 APR -6 PM 1:	: 54	et 04/06
Principal Place of Business			Mailing Address		•	SECRLIARY OF ST TALLAHASSEE, FLO	ATE	,
117 SEABOARD LANE DOVER CENTRE, BUILDING E FRANKLIN TN 37067			117 SEABOARD LANE DOVER CENTRE, BUILDING E FRANKLIN TN 37067			IRIDA		
2. Principal Place of Business			3. Mailing Address			, 1921121 lave 1414 (414 6414 4514 4514 4514 1		19161 (Stil ten-su Si 185)
Suite, Apt. #, etc.			Suite, Apt. #, etc.		1st MOORE CR2E003 (10/05)			
City & State			City & State		4. FEI Number 62-1795583		Applied For Not Applicable	
Zip	Zip Country		Zip	Country		5. Certificate of Status Desired		.75 Additional Required
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324					Name			
					Street Address (P.O. Box Number is Not Acceptable)			
PLANTATION PL 33324								
					City	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 Signature, typed or printed name of registered agent and title if applicable. DATE								
FILE NOW!!! Fee is \$500. *** After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.								
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.	NOTE.	GENERAL PARTNER		13.	, an amenomen	ADDRESS CHANG		
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14. I hereby-certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 it 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 Karen H. Abbott Assistant Secretary								

April 3, 2006

Mr. Lee Rivers Florida Department of State PO Box 6327 Tallahassee, FL 32314

Dear Lee,

Per our telephone conversation today, I am returning check #26693 to you in the amount of \$150.00 which is for the 2006 Annual Report for Palms of Pasadena Homecare, Inc. Somehow, this particular check was erroneously posted for the 2006 Annual Report for Palms of Pasadena Hospital, LP, which we had paid with check #26685 in the amount of \$500.00. That check was then erroneously posted for the Palms of Pasadena Homecare, Inc. with an overpayment of \$350.00. That check however was not returned to us.

You stated that I should resend this check to you with this explanation, and that you would then repost the payments to the correct Annual Report registrations and that IASIS Healthcare would be even, having filed and paid on time. If you should have any questions about this correspondence, please feel free to contact me. (615)467-1250 or mirwin@iasishealthcare.com.

I thank you so much for your time and assistance both during our telephone conversation, and with regard to this request for correction.

Kind regards,

Melissa Irwin

Administrative Assistant

Legal Department