


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

**FILED  
Mar 13, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # B99000000388</b> 1. Entity Name <b>TOWN &amp; COUNTRY HOSPITAL, LP</b>	
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Principal Place of Business <b>117 SEABOARD LANE DOVER CENTRE, BUILDING E FRANKLIN TN 37067</b>	Mailing Address <b>117 SEABOARD LANE DOVER CENTRE, BUILDING E FRANKLIN TN 37067</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.	City & State	Suite, Apt. #, etc.	City & State
Zip	Country	Zip	Country

4. FEI Number <b>62-1795580</b>	Applied For <input type="checkbox"/> Not Applied
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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

**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. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>F99000005458 IASIS HEALTHCARE HOLDINGS, INC. 117 SEABOARD LANE, BUILDING E FRANKLIN TN 37067</b>	STREET ADDRESS CITY-ST-ZIP	<b>000000465312 03/22/06-90130-015 500.00</b>
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STAPLE CHECK HERE

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 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:** *Karen H. Abbott* **Karen H. Abbott** Assistant Secretary **3.1.06** **615-467-1246**