

# 2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# B99000000388

**FILED**  
**Apr 14, 2009**  
**Secretary of State**

**Entity Name:** TOWN & COUNTRY HOSPITAL, LP

**Current Principal Place of Business:**

117 SEABOARD LANE  
DOVER CENTRE, BUILDING E  
FRANKLIN, TN 37067

**New Principal Place of Business:**

**Current Mailing Address:**

117 SEABOARD LANE  
DOVER CENTRE, BUILDING E  
FRANKLIN, TN 37067

**New Mailing Address:**

**FEI Number:** 62-1795580

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**GENERAL PARTNER INFORMATION:**

Document #: F99000005458  
Name: IASIS HEALTHCARE HOLDINGS, INC.  
Address: 117 SEABOARD LANE, BUILDING E  
City-St-Zip: FRANKLIN, TN 37067

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

AS

04/14/2009

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date