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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H130002213163)))



H130002213163ABCT

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RE-SUBMIT

To: Division of Corporations
Fax Number : (850) 617-6383

Please retain original filing date of submission 10/4

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION
TOWN & COUNTRY HOSPITAL, LP

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$52.50

SECRETARY OF STATE
TALLAHASSEE, FL 32399-0400

2013 OCT -4 AM 8:22

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OCT -9 2013

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Electronic Filing Menu Corporate Filing Menu

Help



October 7, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT CORPORATION SYSTEM

SUBJECT: TNC TRANSITION LP
REF: W13000055423

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline
Regulatory Specialist II

FAX Aud. #: H13000221316
Letter Number: 213A00023415

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TALLAHASSEE, FLORIDA

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date of submission 10/4

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 OCT -8 AM 9:00

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Town & Country Hospital, LP
Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Stacey McLaughlin
Contact Person

IASIS Healthcare
Firm/Company

117 Seaboard Lane, Building E
Address

Franklin, TN 37067-2855
City, State and Zip Code

smclaughlin@iasishealthcare.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stacey McLaughlin at (615) 467-1238
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$52.50 Filing Fee
- \$61.25 Filing Fee and Certificate of Status
- \$105.00 Filing Fee and Certified Copy
- \$113.75 Filing Fee, Certified Copy, and Certificate of Status

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**AMENDMENT TO CERTIFICATE OF AUTHORITY
FOR
FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. The name of the limited partnership or limited liability limited partnership as it appears on the records of the Florida Department of State is:

Town & Country Hospital, LP

2. The jurisdiction of its formation is:

Delaware

3. The date the entity was authorized to transact business in Florida is:

10/25/1999

4. If the amendment changes the name of the limited partnership or limited liability limited partnership, enter the new name:

TNC Transition LP

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

5. If the amendment changes the general partner(s), list the name and business address of each general partner:

Name:

Business Address:

DEPARTMENT OF STATE
CORPORATION DIVISION

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6. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

7. If the amendment corrects any false statement listed in the application, indicate the statement being corrected and the correction:

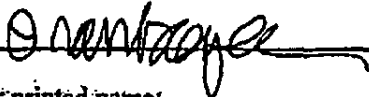
8. If the amendment is to add or delete an election to be a limited liability limited partnership statement, check the appropriate box:

- The entity elects to be a limited liability limited partnership.
- The entity is no longer a limited liability limited partnership.

9. Attached is an original certificate, no more than 90 days olds, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

10. Effective date, if other than the date of filing: _____
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signature of a general partner:



Typed or printed name:

Frank A. Coyle
Secretary

Filing Fee:	\$52.50
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

SECRETARY OF STATE
PALEMBANKS/SEE FILE#104

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Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "TOWN & COUNTRY HOSPITAL, LP", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "TNC TRANSITION LP", THE SECOND DAY OF OCTOBER, A.D. 2013, AT 11:10 O'CLOCK A.M.

3102058 8320

131162590

You may verify this certificate online
at corp.delaware.gov/authvar.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 0789053

DATE: 10-04-13