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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/LLP 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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Corporate Filing Menu

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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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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:

\_\_\_\_\_  
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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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

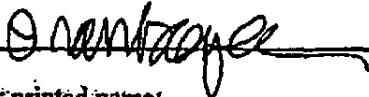
8. If the amendment is to add or delete an election to be a limited liability limited partnership statement, check the appropriate box:

- 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

<b>Filing Fee:</b>	<b>\$52.50</b>
<b>Certified Copy (optional):</b>	<b>\$52.50</b>
<b>Certificate of Status (optional):</b>	<b>\$8.75</b>

SECRETARY OF STATE  
PALEMBIAN, SHELLE H. SHERIDAN

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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](http://corp.delaware.gov/authvar.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 0789053

DATE: 10-04-13