

10/14/2013 15:00:16 From: 06 738

Division of Corporations

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B990000000399

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.

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

RE-SUBMIT

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

Please retain original filing
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****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
MEMORIAL HOSPITAL OF TAMPA, LP

Certificate of Status	0
Certified Copy	0
Page Count	046
Estimated Charge	\$52.50

FILED
13 OCT 10 AM 7:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Memorial Hospital of Tampa, 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

850-617-6381

10/14/2013 9:14:40 AM PAGE 1/001 Fax Server



October 14, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

MEMORIAL HOSPITAL OF TAMPA, LP
117 SEABOARD LANE
DOVER CENTRE, BUILDING E
FRANKLIN, TN 37067US

SUBJECT: MEMORIAL HOSPITAL OF TAMPA, LP
REF: B99000000399

RE-SUBMIT

Please retain original filing
date of submission 10/10

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.

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

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.

Teresa Brown
Regulatory Specialist II

FAX Aud. #: H13000226462
Letter Number: 513A00023982

RECEIVED
13 OCT 14 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314

FILED

13 OCT 10 AM 7:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Memorial Hospital of Tampa, LP

2. The jurisdiction of its formation is: Delaware

3. The date the entity was authorized to transact business in Florida is: 11/01/1999

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

MT 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 LLP.

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

Name:

Business Address:

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 old, 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:

Frank A. Coyle

Typed or printed name:
Frank A. Coyle
Secretary

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

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "MEMORIAL HOSPITAL OF TAMPA, LP", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "MT TRANSITION LP", THE SECOND DAY OF OCTOBER, A.D. 2013, AT 11:12 O'CLOCK A.M.



3102047 8320

131162578

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


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 0789037

DATE: 10-04-13