

2013 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A93000000026

Entity Name: CEDARS HEALTHCARE GROUP, LTD.

Current Principal Place of Business:

ONE PARK PLAZA
NASHVILLE, TN 37203

Current Mailing Address:

P.O. BOX 750
LEGAL DEPT.
NASHVILLE, TN 37202 US

FEI Number: 75-2461475

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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 Detail :

Document # P93000000335
Name COLUMBIA HOSPITAL CORP. OF
CENTRAL MIAMI
Address ONE PARK PLAZA
City-State-Zip: NASHVILLE TN 37203

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NATALIE H. CLINE

**VP OF GENERAL
PARTNER**

04/15/2013

Electronic Signature of Signing General Partner Detail

Date