

**2017 FOREIGN LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# B99000000387

**Entity Name:** PP TRANSITION LP

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** 62-1795583

**Certificate of Status Desired:** No

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

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

*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:** STACEY MCLAUGHLIN

**ASSISTANT SECRETARY** 04/26/2017

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

\_\_\_\_\_  
Date