

EXHIBIT B

**Item 5
Amendment to Applicant's
Foreign Limited Partnership Registration**

**PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU**

Statement of Correction
(15 Pa.C.S. § 138)

| | |
|---------|--|
| Address | Document will be returned to the name and address you enter to the left. |
| City | Commonwealth of Pennsylvania |
| State | STATEMENT OF CORRECTION 4 Page(s) |

CT CORP-COUNTER
7691843-50 PA 2



Fee: \$70

In compliance with the requirements of 15 Pa.C.S. § 138 (relating to statement of correction) the undersigned association or other person, desiring to correct an inaccurate record of corporate or other action or correct defective or erroneous execution of a document, hereby states that:

1. The name of the association or other person is:
HealthTrust Purchasing Group, L.P.

2. The (a) address of this association's current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is (the Department is hereby authorized to correct the following information to conform to the records of the Department):

| (a) Number and Street | City | State | Zip | County |
|---|------|-------|-----|--------------|
| (b) Name of Commercial Registered Office Provider | | | | County |
| c/o: CT Corporation System | | | | Philadelphia |

3. The statute by or under which it was incorporated or the precoding filing was made, in the case of a filing that does not constitute a part of the articles of incorporation of a corporation is:
15 Pa.C.S. section 8592

4. The inaccuracy or defect, which appears in Department of State form Registration filed on 9/28/2009 and recorded in Roll and Film Number _____ et seq., is:
The county of venue is incorrect

2009 OCT 30 PM 2:34

PA DEPT OF STATE

DSCB:15-138-2

5. Check one of the following:

The portion of the document requiring correction in corrected form is set forth in Exhibit A attached hereto and made a part hereof.

The original document to which this statement relates shall be deemed re-executed.

The original document to which this statement relates shall be deemed stricken from the records of the Department.

IN TESTIMONY WHEREOF, the undersigned association or other person has caused this statement to be signed by a duly authorized officer thereof or otherwise in its name this

30th day of October 2009

CMS GP, LLC, general partner

Name

By: Dora A. Blackwood
Signature

Dora A. Blackwood, Vice President & Secretary of GP

Title

HealthTrust Purchasing Group, L.P.

EXHIBIT A

4. (b) The name of its commercial registered office provider and the county of venue is:

CT Corporation System

Dauphin County