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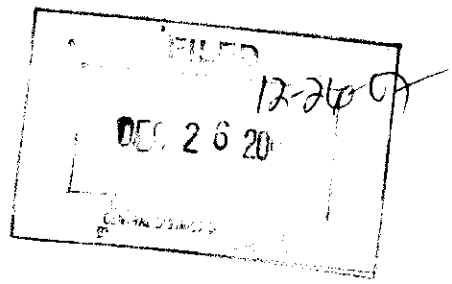

Attorneys for Creditor VHS ACQUISITION PARTNERSHIP NUMBER 2, L.P. dba LA PALMA INTERCOMMUNITY HOSPITAL, a Delaware Limited Partnership

UNITED STATES BANKRUPTCY COURT
CENTRAL DISTRICT OF CALIFORNIA
LOS ANGELES DIVISION

In Re WATTSHealth Foundation, Inc. dba UHP Healthcare, a California not-for-profit corporation, Debtor, Tax I.D. No. 95-2623688	Case No.: LA 05-222627-TD [Assigned for all purposes to Hon. Thomas B. Donovan, Courtroom 1345] NOTICE OF CHANGE OF COUNSEL [11 U.S.C. §362(d)]

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TELEPHONE (818) 788-9500 FACSIMILE (818) 501-0328

TO: CLERK OF THE UNITED STATES BANKRUPTCY COURT AND ALL INTERESTED PARTIES:

PLEASE TAKE NOTICE that counsel for VHS ACQUISITION PARTNERSHIP NUMBER 2, L.P. dba LA PALMA INTERCOMMUNITY HOSPITAL, a Delaware Limited Partnership, a creditor in the above-entitled case, has been changed for service of notices and documents. The new address is as follows:

Stephen L. Page
Vice President & Assistant General Counsel
Vanguard Health Systems, Inc.
20 Burton Hills, Suite 100
Nashville, TN 37215

All notices and documents regarding the above-captioned action should be sent to the above address.

Dated: December 19, 2007

NEMECEK & COLE

By _____
GREG OZHEKIM
Attorneys for Creditor VHS ACQUISITION PARTNERSHIP NUMBER 2, L.P. dba LA PALMA INTERCOMMUNITY HOSPITAL, a Delaware Limited Partnership

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VERIFICATION

STATE OF CALIFORNIA, COUNTY OF

I have read the foregoing _____

_____ and know its contents.

[ ] **CHECK APPLICABLE PARAGRAPHS**

I am a party to this action. The matters stated in the foregoing document are true of my own knowledge except as to those matters which are stated on information and belief, and as to those matters I believe them to be true.

I am an Officer a partner _____ a _____ of _____

_____

a party to this action, and am authorized to make this verification for and on its behalf, and I make this verification for that reason. I am informed and believe and on that ground allege that the matters stated in the foregoing document are true. The matters stated in the foregoing document are true of my own knowledge, except as to those matters which are stated on information and belief, and as to those matters I believe them to be true.

I am one of the attorneys for _____

a party to this action. Such party is absent from the county of aforesaid where such attorneys have their offices, and I make this verification for and on behalf of that party for that reason. I am informed and believe and on that ground allege that the matters stated in the foregoing document are true.

Executed on _____, at _____, California.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

_____ _____

Type or Print Name Signature

PROOF OF SERVICE

1013a (3) CCP Revised 5/1/88

STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

I am employed in the county of Los Angeles, State of California.

I am over the age of 18 and not a party to the within action; my business address is: 15260 Ventura Boulevard, Suite 920, Sherman Oaks, California 91403

On, December 21, 2007 I served the foregoing document described as NOTICE OF CHANGE OF COUNSEL

_____ on the interested parties in this action

X by placing the true copies thereof enclosed in sealed envelopes addressed as stated on the attached mailing list:
by placing the original a true copy thereof enclosed in sealed envelopes addressed as follows:

X **BY MAIL**

*I deposited such envelope in the mail at _____, California. The envelope was mailed with postage thereon fully prepaid.

X As follows: I am "readily familiar" with the firm's practice of collection and processing correspondence for mailing. Under that practice it would be deposited with U.S. postal service on that same day with postage thereon fully prepaid at Sherman Oaks California in the ordinary course of business. I am aware that on motion of the party served, service is presumed invalid if postal cancellation date or postage meter date is more than one day after date of deposit for mailing in affidavit.

Executed on December 21, 2007, at Sherman Oaks, California.

**(BY PERSONAL SERVICE) I delivered such envelope by hand to the offices of the addressee.

Executed on _____, at _____, California.

X (State) I declare under penalty of perjury under the laws of the State of California that the above is true and correct.

(Federal) I declare that I am employed in the office of a member of the bar of this court at whose direction the service was made.

PATTI KROFFT Patti Krofft

Type or Print Name Signature

*(BY MAIL SIGNATURE MUST BE OF PERSON DEPOSITING ENVELOPE IN MAIL SLOT, BOX, OR BAG)

**(FOR PERSONAL SERVICE SIGNATURE MUST BE THAT OF MESSENGER)

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BANKRUPTCY SERVICE LIST
In Re: WATTSHealth Foundation, Inc.
Case No. LA 05-2267-TD

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