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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

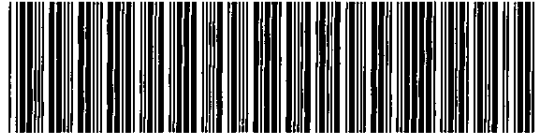
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TALLAHASSEE, FLORIDA

ADKINSON LAW FIRM  
ATTORNEYS AT LAW

CLAYTON J.M. ADKINSON  
CLAY B. ADKINSON

41 South 6th Street, DeFuniak Springs, FL 32435  
Telephone (850) 892-5195  
Fax (850) 892-3013

MAILING ADDRESS:  
Post Office Box 1207  
DeFuniak Springs, FL 32435

May 7, 2008

Ms. Louria Poole  
Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

Re: Doctors Hospital of DeFuniak Springs, Inc.

Dear Sirs:

Enclosed please find the original and one copy of page two of the Application by foreign Corporation for Authorization to Transact Business in Florida to be filed for the above referenced company. Also, enclosed is a certificate of good standing pursuant to your instruction. If everything is in order please file the application as soon as possible. It is my understanding from our telephone conversation that upon your receipt of the enclosed documents, you will be able to process and file the application for the above referenced company.

Your assistance in this matter is most appreciated. If additional information is needed, please advise.

Sincerely,



Clayton J.M. Adkinson

CJMA:ch  
Enclosures

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Doctors Hospital of DeFuniak Springs, Inc.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Vaughn Scott Miller  
(Name of Person)

Doctors Hospital of DeFuniak Springs, Inc.  
(Firm/Company)

Post Office Box 767  
(Address)

Elkin, North Carolina 28621  
(City/State and Zip code)

For further information concerning this matter, please call:

Vaughn Scott Miller at ( 336 ) 835-8295  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 21, 2008

VAUGHN SCOTT MILLER  
DOCTORS HOSPITAL OF DEFUNIAK SPRINGS INC  
POST OFFICE BOX 767  
ELKIN, NC 28621

SUBJECT: DOCTORS HOSPITAL OF DEFUNIAK SPRINGS, INC.  
Ref. Number: W08000020031

We have received your document for DOCTORS HOSPITAL OF DEFUNIAK SPRINGS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The jurisdiction under the laws of which the entity is incorporated or organized must be included in the document.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6934.

Loria Poole  
Regulatory Specialist II

Letter Number: 008A00023781

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Doctors Hospital of DeFuniak Springs, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. Not Applicable at this time  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. May 3, 2007 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. N/A  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 179 Klondike Road, State Road, North Carolina 28676  
(Principal office address)

Post Office Box 767, Elkin, North Carolina 28621  
(Current mailing address)

8. Healthcare Provider, Owner/Operator of facilities  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Gerald Beard

Office Address: 4431 U.S. Highway 331 S

DeFuniak Springs, Florida 32435  
(City) (Zip code)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: Vaughn Scott Miller

Address: Post Office Box 767  
Elkin, North Carolina 28621

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Sandon Speedling

Address: 4431 U.S. Highway 331 S.  
DeFuniak Springs, Florida 32435

Director: James Brewer

Address: 4431 U.S. Highway 331 S.  
DeFuniak Springs, Florida 32435

**B. OFFICERS**

President: Vaughn Scott Miller

Address: Post Office Box 767  
Elkin, North Carolina 28621

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

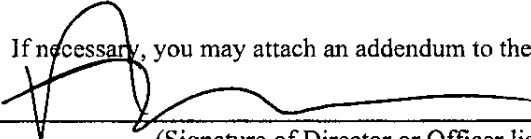
Secretary: Sandon Speedling

Address: 4431 U.S. Highway 3313 S., DeFuniak Springs, Florida 32435

Treasurer: James Brewer

Address: 4431 U.S. Highway 331 S., DeFuniak Springs, Florida 32435

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.   
(Signature of Director or Officer listed in number 12 of the application)

14. Vaughn Scott Miller - President  
(Typed or printed name and capacity of person signing application)

# Delaware

PAGE 1

## The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DOCTORS HOSPITAL OF DEFUNIAK SPRINGS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF MARCH, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DOCTORS HOSPITAL OF DEFUNIAK SPRINGS, INC." WAS INCORPORATED ON THE THIRD DAY OF MAY, A.D. 2007.

4345857 8300

080341647

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6466862

DATE: 03-20-08