

P098000037/09

E. Murray Moore, Jr.

Requestor's Name

215 S. Monroe St., 2nd Floor

Address

Tallahassee/FL/32308 222-3533

City/State/Zip

Phone #

FILED

98 APR 23 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Tallahassee Memorial Regional Medical Center, Inc.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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P. Hall APR 23 1998

**ARTICLES OF INCORPORATION
OF
TALLAHASSEE MEMORIAL REGIONAL
MEDICAL CENTER, INC.**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned hereby makes, subscribes, acknowledges, and files this certificate for the purpose of becoming a corporation for profit under the laws of the State of Florida:

ARTICLE I

Name

The name of this Corporation shall be TALLAHASSEE MEMORIAL REGIONAL MEDICAL CENTER, INC.

ARTICLE II

Purpose

This Corporation shall be organized for any and all businesses or purposes which are lawful under the laws of the State of Florida.

ARTICLE III

Agent

The registered agent of this Corporation shall be JUDY DAVIS. The address of the registered agent shall be 1300 Miccosukee Road, Tallahassee, Florida 32308.

ARTICLE IV

Existence

This Corporation shall have perpetual existence.

ARTICLE V

Address

The initial street address of the principal office of this Corporation shall be 1401 Centerville Road, Suite 210, Tallahassee, Florida 32308.

ARTICLE VI

Capital Stock

The authorized capital stock of this Corporation shall consist of 1,000 shares of common stock.

ARTICLE VII

Preemptive Rights; Cumulative Voting

Holders of the capital stock of the Corporation shall not have the preemptive right to purchase any new shares of stock or securities, nor rights to acquire stock or securities of the Corporation. Cumulative voting shall not be allowed in the election of its directors or for any other purposes.

ARTICLE VIII

Directors

This Corporation shall have no less than one director (1) nor more than ten (10). The number on the Board shall be set from time to time by the Board of Directors of the Corporation, or by the stockholders at an annual or special meeting thereof.

ARTICLE IX

Incorporator

The name and address of the Incorporator is: TALLAHASSEE MEMORIAL HEALTH VENTURES, INC.; 1401 Centerville Road, Suite 210, Tallahassee, Florida 32308.

ARTICLE X

Officers

The officers of the Corporation shall be appointed by the Board of Directors. All officers, agents or employees as may be necessary shall be chosen in such a manner, for such time, and have such duties as may be described by the By-Laws or determined by the Board of Directors.

ARTICLE XI

Indemnification

The Corporation shall indemnify any person who is or was a director, officer, employee, or agent of the Corporation, or is, or was serving at the request of the Corporation as a director, officer, employee, or agent of another corporation, partnership, joint venture, trust, or other enterprise, to the full extent of the law as set forth in Chapter 607, Florida Statutes.

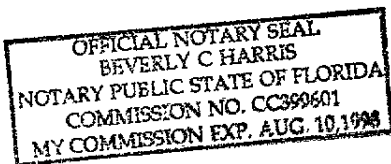
IN WITNESS WHEREOF, I, the undersigned Incorporator, hereby set my hand and seal this 23rd day of April, 1998, for the purpose of forming this Corporation under the laws of the State of Florida, and I hereby make and file in the Office of the Secretary of the State in the State of Florida these Articles of Incorporation and certify that the facts herein stated are true.

TALLAHASSEE MEMORIAL HEALTH
VENTURES, INC.

BY: *William A. Giudice*
WILLIAM A. GIUDICE
ITS: SENIOR VICE PRESIDENT/CHIEF
FINANCIAL OFFICER
(CORPORATE SEAL)

Incorporator

BEFORE ME, the undersigned officer, duly authorized to take acknowledgments and administer oaths, personally appeared WILLIAM A. GIUDICE, as Senior Vice President/Chief Financial Officer of Tallahassee Memorial Health Ventures, Inc., and being first duly sworn and upon his oath, stated that WILLIAM A. GIUDICE, as President of Tallahassee Memorial Health Ventures, Inc. signed the above Articles of Incorporation for the conditions and purposes therein expressed this 23rd day of April, 1998.



Beverly C. Harris
NOTARY PUBLIC - STATE OF FLORIDA
BEVERLY C. HARRIS
PRINTED NAME OF NOTARY; COMMISSION
NUMBER AND EXPIRATION OF COMMISSION

Personally known to me *Yes*
or produced the following identification: _____

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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is:

TALLAHASSEE MEMORIAL REGIONAL MEDICAL CENTER, INC.

2. The name and address of the registered agent and office is:

JUDY DAVIS


(NAME)

1300 MICCOSUKEE ROAD

(P.O. BOX NOT ACCEPTABLE)

TALLAHASSEE, FLORIDA 32308

(CITY/STATE/ZIP)

Signature: 

WILLIAM A. GIUDICE,
As Senior Vice President/Chief
Financial Officer of Tallahassee
Memorial Health Ventures,
Inc.

Title: Incorporator

Date: APRIL 23, 1998

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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 RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Signature: 

JUDY DAVIS

Date: APRIL 23, 1998

Registered Agent Filing Fee: \$35.00

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TALLAHASSEE, FLORIDA