

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L18000021895  
FILED 8:00 AM  
January 24, 2018  
Sec. Of State  
jafason

**Article I**

The name of the Limited Liability Company is:

MEDICAL CENTER OF SOUTHWEST FLORIDA, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:

ONE PARK PLAZA  
NASHVILLE, TN. 37203

The mailing address of the Limited Liability Company is:

PO BOX 750  
NASHVILLE, TN. 37202

**Article III**

The name and Florida street address of the registered agent is:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL. 33324

Having been named as registered agent and to accept service of process for the above stated limited liability company 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.

Registered Agent Signature: NATHAN GIFFIN

## Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGR  
SAMUEL N HAZEN  
ONE PARK PLAZA  
NASHVILLE, TN. 37203

Title: MGR  
CHRISTOPHER F WYATT  
ONE PARK PLAZA  
NASHVILLE, TN. 37203

Title: MGR  
JOHN M FRANCK II  
ONE PARK PLAZA  
NASHVILLE, TN. 37203

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Signature of member or an authorized representative

Electronic Signature: NATALIE H. CLINE

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.