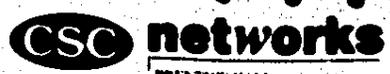


1501 HAYS STREET
TALLAHASSEE, FL 32304
800-342-8886

A950000010 62



PRESTON HALL
LEGAL & FINANCIAL SERVICES

ACCOUNT NO. : 072100000032

REFERENCE : 641843 4135A

000001540750

-07/19/95--01004--009

AUTHORIZATION :

***1837.50 ***1837.50

COST LIMIT : 0 PPD

ORDER DATE : July 14, 1995
ORDER TIME : 10:40 AM
ORDER NO. : 641843
CUSTOMER NO: 4135A

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 14 PM 1:47

CUSTOMER: Ana Sales, Esq
STEEL HECTOR & DAVIS
41st Floor, Ste. 4000
200 S. Biscayne Boulevard
Miami, FL 33131-2398

DOMESTIC FILING

NAME: CGH HOSPITAL, LTD.

G. FILING 1750.00
R. AGENT FEE 35.00
C. COPY 52.50
TOTAL 1837.50
M. BANK
BALANCE DUE
REFUND

RECEIVED
95 JUL 14 AM 11:18
DIVISION OF CORPORATION

ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

h/c
7/14/95

CONTACT PERSON: Jennifer Moran

EXAMINER'S INITIALS: *DK*

**CERTIFICATE OF LIMITED PARTNERSHIP OF
CGH Hospital, Ltd.**

The undersigned general partner of CGH Hospital, Ltd., a Florida limited partnership (the "Partnership"), desiring to adopt a certificate of limited partnership of CGH Hospital, Ltd. (the "Certificate") pursuant to Section 620.108 of the Florida Revised Uniform Limited Partnership Act (1986), hereby states the following:

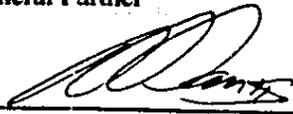
1. The name of the Partnership is "CGH Hospital, Ltd."
2. The name and address of the agent for service of process on the Partnership is Corporation Service Company, 1201 Hays Street, Tallahassee, Florida 32301.
3. The name and business address of the sole General Partner is Coral Gables Hospital, Inc., a Florida corporation, 3100 Douglas Road, Coral Gables, Florida 33134. *6-11-755*
4. The mailing address of the Partnership is 3100 Douglas Road, Coral Gables, Florida 33134.
5. The latest date upon which the Partnership shall dissolve is December 31, 2045. This Certificate shall be effective upon the date of filing with the Department of State of Florida.

The execution of this Certificate by the undersigned general partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

IN WITNESS WHEREOF, this Certificate has been executed by the General Partner of the Partnership this 11 day of July, 1995.

CGH Hospital, Ltd.
a Florida limited partnership

By: Coral Gables Hospital, Inc.
General Partner

By: 
Name: Richard A. Parr, II
Title: Vice President

FILED STATE
SECRETARY OF CORPORATIONS
95 JUL 14 PM 1:47

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as the registered agent for CGH Hospital, Ltd., a Florida limited partnership (the "Partnership"), in the foregoing Certificate of Limited Partnership of the Partnership, I hereby agree to accept service of process for said Partnership and to comply with all statutes relative to the complete and proper performance of the duties of the registered agent.

Dated: July 14, 1995.



Corporation Service Company
Registered Agent
Gail Shelby, As agent

SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 14 PM 1:17

STATE OF FLORIDA)

COUNTY OF DADE)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 14 PM 1:47

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

The undersigned, Richard A. Parr, II, Vice President of Coral Gables Hospital, Inc., a Florida corporation, and the General Partner of CGH Hospital, Ltd., a Florida limited partnership hereinafter referred to as the "Partnership", who upon being duly sworn, certifies as follows:

The actual amount of capital contributed to the Partnership by the Limited Partners is \$100. The anticipated amount of capital contributions (including the actual amount of capital contributed by the Limited Partners) to the Partnership by the Limited Partners is \$5,000,000.

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury I declare that I have read the foregoing and that the facts alleged are true, to the best of my knowledge and belief.

CGH Hospital, Ltd., a Florida limited partnership

By: Coral Gables Hospital, Inc., as General Partner

By:



Name: Richard A. Parr, II

Title: Vice President

Date: July 13 1995

A9500001062

FLORIDA DEPARTMENT OF STATE

DOCUMENT # **A9500001062**
 1. Name of the Partnership:
CGH Hospital, Ltd.

FILED
 96 APR 29 PM 8:53
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

2. Mailing Address:
P.O. Box 1200
 City & State:
Nashville, TN
 Zip:
37202-1200 Country:
USA

3. Principal Office Address:
3401 West End Ave
 City & State:
Nashville, TN
 Zip:
37203 Country:
USA

4. Date Form or Registered To Do Business in Florida:
 5. FEI Number:
65-0638215
 6. CERTIFICATE OF STATUS DESIRED
 7. State or Country of Formation:

8a. Capital Contributions as Shown on Record:
\$5,000,000.00
 8b. Amount of Capital Contributions in Florida to date:

FEES: 1.) Filing Fee(s) Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum of \$437.50 for each year due this office.
 2.) Supplemental Fee(s) \$138.75 for each year due this office beginning with 1992 calendar year.
 3.) Penalty Fee(s) \$500 penalty fee for each year lapsed form is delinquent.
 Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Name and Address of Current Registered Agent:
Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301

10. If changed, new registered agent/office:
 Name:
 Street Address (P.O. Box Number is Not Acceptable):
 City:
 State:
 Zip Code:
FL

10a. Pursuant to the provisions of sections 620.1051 and 620.192 Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Such change was authorized by its general partner(s) and hereby accept the appointment of registered agent I am familiar with and accept the obligations of section 620.192 Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment):

DATE:

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name of General Partner(s):
Coral Gables Hospital, Inc.

Address of Each General Partner (Do NOT Use Post Office Box Numbers):
3401 West End Ave

City, State and Zip Code:
Nashville, TN 37203

11a. Registration Document Number:
611755

REINSTATEMENT 96
OR 5-1

10000181001811
 05-03-96 01002-1005
 ***576.25 ***576.25

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a) Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(a) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute the report required by chapter 620 Florida Statutes.

SIGNATURE: *[Signature]*
 Typed or Printed Name of General Partner Signing Form: **Lion H. McCann, Vice President**

DATE: **4/26/95**
 Telephone Number: **615-383-8599**

CR2E039 (4/95)