

FO3000005912

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

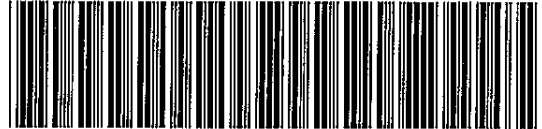
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236 East 6th Avenue Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 Fax (850) 222-1666

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1.) Community Health Systems Professional Services Corporation
(CORPORATE NAME & DOCUMENT #)

2.) _____
(CORPORATE NAME & DOCUMENT #)

3.) _____
(CORPORATE NAME & DOCUMENT #)

4.) _____
(CORPORATE NAME & DOCUMENT #)

5.) _____
(CORPORATE NAME & DOCUMENT #)

SPECIAL INSTRUCTIONS _____

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. Community Health Systems Professional Services Corporation
2. Delaware
3. 51-0335957
4. September 12, 1991
5. perpetual
6. upon qualification
7. 155 Franklin Road, Suite 400, Brentwood, TN 37027
155 Franklin Road, Suite 400, Brentwood, TN 37027

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8. management services
(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 or Mail Drop Box NOT acceptable)

Name: NRAI Services, Inc.
Office Address: 526 E. Park Avenue
Tallahassee, Florida 32301

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.

NRAI Services, Inc.
By: Charles A. Coyle
(Registered agent's signature)
Charles A. Coyle - Assistant Secretary

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: see attached

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: see attached

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. Kimberly A. Wright
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Kimberly A. Wright, Assistant Secretary
(Typed or printed name and capacity of person signing application)

**Directors of
Community Health Systems Professional Services Corporation**

Name	Address
Wayne T. Smith	155 Franklin Road, Suite 400, Brentwood, Tennessee 37027
W. Larry Cash	155 Franklin Road, Suite 400, Brentwood, Tennessee 37027
Rachel A. Seifert	155 Franklin Road, Suite 400, Brentwood, Tennessee 37027

**Officers of
Community Health Systems Professional Services Corporation**

Name	Title	Address
Wayne T. Smith	President, Chief Executive Officer	155 Franklin Road, Suite 400 Brentwood, Tennessee 37027
W. Larry Cash	Executive Vice President and Chief Financial Officer	155 Franklin Road, Suite 400 Brentwood, Tennessee 37027
Rachel A. Seifert	Senior Vice President, Secretary and General Counsel	155 Franklin Road, Suite 400 Brentwood, Tennessee 37027
Martin G. Schweinhart	Senior Vice President, Operations	155 Franklin Road, Suite 400 Brentwood, Tennessee 37027
Robert E. Hardison	Senior Vice President, Acquisitions and Development	155 Franklin Road, Suite 400 Brentwood, Tennessee 37027
Carolyn S. Lipp	Senior Vice President, Quality and Resource Management	155 Franklin Road, Suite 400 Brentwood, Tennessee 37027
David L. Miller	Senior Vice President, Group Operations, Group I	155 Franklin Road, Suite 400 Brentwood, Tennessee 37027
Michael T. Portacci	Senior Vice President, Group Operations, Group II	155 Franklin Road, Suite 400 Brentwood, Tennessee 37027
Gary D. Newsome	Senior Vice President, Group Operations, Group III	155 Franklin Road, Suite 400 Brentwood, Tennessee 37027
John A. Fromhold	Vice President, Group Operations, Group IV	155 Franklin Road, Suite 400 Brentwood, Tennessee 37027
William S. Hussey	Vice President, Group Operations, Group V	155 Franklin Road, Suite 400 Brentwood, Tennessee 37027
T. Mark Buford	Vice President and Controller	155 Franklin Road, Suite 400 Brentwood, Tennessee 37027
James W. Doucette	Vice President, Finance and Treasurer	155 Franklin Road, Suite 400 Brentwood, Tennessee 37027
Robert A. Horrar	Vice President, Administration	155 Franklin Road, Suite 400 Brentwood, Tennessee 37027
Linda K. Parsons	Vice President, Human Resources	155 Franklin Road, Suite 400 Brentwood, Tennessee 37027
Robert O. Horrar	AVP, Business Development & Managed Care	155 Franklin Road, Suite 400 Brentwood, Tennessee 37027
Larry Carlton	Assistant Vice President, Revenue Management	155 Franklin Road, Suite 400 Brentwood, Tennessee 37027
Kimberly A. Wright	Assistant Secretary	155 Franklin Road, Suite 400 Brentwood, Tennessee 37027
Sherry A. Connelly	Assistant Secretary	155 Franklin Road, Suite 400 Brentwood, Tennessee 37027

Delaware

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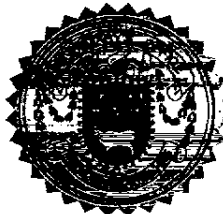
The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COMMUNITY HEALTH SYSTEMS PROFESSIONAL SERVICES CORPORATION" 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 TWENTY-FIRST DAY OF NOVEMBER, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COMMUNITY HEALTH SYSTEMS PROFESSIONAL SERVICES CORPORATION" WAS INCORPORATED ON THE TWELFTH DAY OF SEPTEMBER, A.D. 1991.

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.



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

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AUTHENTICATION: 2765761

030751105

DATE: 11-21-03