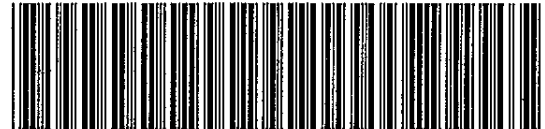


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FILED

2005 APR -4 P 1:29

(Requestor's Name)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



200048414982

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

04/04/05--01039--006 **70.00

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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TRANSMITTAL LETTER

FILED

TO: Registration Section
Division of Corporations

2005 APR -4 P 1:29

SUBJECT: HealthAmerica Medical Center of Wauchula, LLC
(Name of corporation - must include suffix)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Margarita M. Grishkoff

(Name of Person)

(Firm/Company)

450 South Main Street

(Address)

LaBelle, FL 33935

(City/State and Zip code)

For further information concerning this matter, please call:

Margarita M. Grishkoff

(Name of Person)

at (863) 675-7060

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration 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

**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.

FILED

1. HealthAmerica Medical Center of Wauchula, LLC

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

2005 APR -4 P 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

2. Delaware

(State or country under the law of which it is incorporated)

3. 65-1078304

(FEI number, if applicable)

4. 1/18/2000

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. April 4, 2005

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

7. 450 South Main Street, LaBelle, FL 33935

(Principal office address)

450 South Main Street, LaBelle, FL 33935

(Current mailing address)

8. Any and all lawful business.

(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: Margarita M. Grishkoff

Office Address: 450 South Main Street

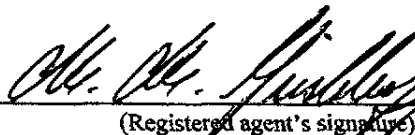
LaBelle, Florida 33935

(City)

(Zip code)

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: Luis M. Duluc

Address: 16250 La Costa Drive

Weston, FL 33326

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Luis M. Duluc

Address: 16250 La Costa Drive

Weston, FL 33326

Vice President: _____

Address: _____

Secretary: Luis M. Duluc

Address: 16250 La Costa Drive Weston, FL 33326

Treasurer: _____

Address: _____

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. Luis M. Duluc

(Typed or printed name and capacity of person signing application)

FILED

2005 APR -4 P 11-29

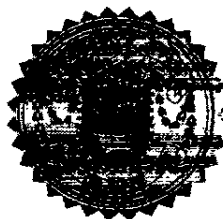
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HEALTHAMERICA MEDICAL CENTER OF WAUCHULA, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF MARCH, A.D. 2005.



3364337 8300

050242865

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 3769732

DATE: 03-28-05

PAGE 1



State of Delaware

SECRETARY OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 898
DOVER, DELAWARE 19903

050242865

9464941
LUIS DULUC
450 S MAIN STREET
LABELLE

03-28-2005

FL 33935

DESCRIPTION	AMOUNT
HEALTHAMERICA MEDICAL CENTER OF WAUCHULA, LLC	
3364337 8300 Certificate in Re Short	
Certification Fee	30.00
Expedite 24 Hr., 1-3 Re-Short	30.00
FILING TOTAL	60.00
TOTAL PAYMENTS	60.00
SERVICE REQUEST BALANCE	.00