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FOREIGN PROFIT/NONPROFIT CORPORATION

Hospital Management Services of Florida, Inc.

Certificate of Status	0
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J 1/31/07

**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. Hospital Management Services of Florida, Inc.

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

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

2. Kentucky

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

3. 20-5917647

(FEI number, if applicable)

4. 12/01/2006

(Date of incorporation)

5. Perpetual

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

6. Upon Qualification

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

7. 5811 Pelican Bay Boulevard, Suite 500, Naples, FL 34108

(Principal office address)

same

(Current mailing address)

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 NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

Florida

33324

(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.

C T Corporation System

By: Anthony L. Causi
(Registered agent's signature)

Anthony L. Causi
Vice President

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:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. DIRECTORS

Chairman: SEE ATTACHMENT

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: SEE ATTACHMENT

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. *Robert R. Parry*
[REDACTED]
14. Timothy R. Parry, Senior Vice President and Secretary
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

HOSPITAL MANAGEMENT SERVICES OF FLORIDA, INC.

Officers

<u>Position</u>	<u>Name</u>	<u>Address</u>
President	James A. Barber	5811 Pelican Bay Boulevard, Suite 500 Naples, FL 34108
Vice President, Secretary	Timothy R. Parry	5811 Pelican Bay Boulevard, Suite 500 Naples, FL 34108
Treasurer	Gary S. Bryant	5811 Pelican Bay Boulevard, Suite 500 Naples, FL 34108
Vice President	Joshua S. Putter	2500 Harbor Boulevard Port Charlotte, FL 33952
Vice President	Stephen L. Midkiff	13695 US Highway 1 Sebastian, FL 32958
Vice President	Page H. Vaughan	1304 W. Bobo Newsom Hwy Hartsville, SC 29550
Vice President	James Dale Armour	2550 Flowood Drive, Suite 402 Flowood, MS 39232
Vice President	Ann M. Barnhart	40100 US Highway 27 Davenport, FL 33837
Assistant Secretary	Kathleen K. Holloway	5811 Pelican Bay Boulevard, Suite 500 Naples, FL 34108

Directors

James A. Barber	5811 Pelican Bay Boulevard, Suite 500 Naples, FL 34108
Timothy R. Parry	5811 Pelican Bay Boulevard, Suite 500 Naples, FL 34108
Kathleen K. Holloway	5811 Pelican Bay Boulevard, Suite 500 Naples, FL 34108

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CLERK
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Commonwealth of Kentucky
Trey Grayson
Secretary of State

Certificate of Existence

I, Trey Grayson, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

HOSPITAL MANAGEMENT SERVICES OF FLORIDA, INC.

is a corporation duly incorporated and existing under KRS Chapter 271B, whose date of incorporation is December 1, 2006 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 271B.16-220 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 26th day of January, 2007.

Certificate Number: 42744

Jurisdiction: HOSPITAL MANAGEMENT SERVICES OF FLORIDA, INC.

Visit <http://sos.sos.ky.gov/business/obdb/certvaldata.aspx> to validate the authenticity of this certificate.



T62
Trey Grayson
Secretary of State
Commonwealth of Kentucky
42744/0852073

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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