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Florida Department of State
Division of Corporations
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To: Division of Corporations
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From: Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
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DIVISION OF CORPORATIONS

**FOREIGN PROFIT/NONPROFIT CORPORATION
LOVELACE HEALTH SYSTEM, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	04
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Carina Dunlap
Customer Service Specialist
Corporation Service Company
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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. Lovelace Health System, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

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

2. New Mexico 3. 85-0327237
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/29/84 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. One Burton Hills Boulevard, Suite 250, Nashville, TN 37215
(Principal office address)

same as above
(Current mailing address)

8. To own and operate health care facilities
(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: Corporation Service Company

Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(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.

Carina L. Dunlap
(Registered agent's signature)
Carina L. Dunlap
Asst. 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.

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Stephen C. Petrovich

Address: One Burton Hills Boulevard, Suite 250, Nashville, TN 37215

Director: Clint Adams

Address: One Burton Hills Boulevard, Suite 250, Nashville, TN 37215

B. OFFICERS

President: Ron Stern

Address: 4101 Indian School Road, Suite 405, Albuquerque, New Mexico 87110

Vice President: Stephen C. Petrovich- General Counsel

Address: One Burton Hills Boulevard, Suite 250, Nashville, TN 37215

Secretary: Stephen C. Petrovich

Address: One Burton Hills Boulevard, Suite 250, Nashville, TN 37215

Treasurer: Ashley M. Crabtree

Address: One Burton Hills Boulevard, Suite 250, Nashville, TN 37215

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

13. 
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is 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.

14. Stephen C. Petrovich

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

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TALLAHASSEE, FLORIDA



OFFICE OF THE
PUBLIC REGULATION COMMISSION

CERTIFICATE OF GOOD STANDING AND COMPLIANCE

IT IS HEREBY CERTIFIED THAT:

LOVELACE HEALTH SYSTEM, INC.

1244839

a corporation organized under the laws of
NEW MEXICO

is duly authorized to transact business in New Mexico, as a
Domestic Profit Corporation, under the
BUSINESS CORPORATION ACT

(53-11-1 to 53-18-12 NMSA 1978)

having filed its Articles of Incorporation OCTOBER 29, 1984
and Certificate of Incorporation issued as of said date.

IT IS FURTHER CERTIFIED that the fees due the Public
Regulation Commission which have been assessed against the
aforesaid corporation, have been paid to date and aforesaid
corporation is in corporate good standing & duly authorized
to transact business as its corporate existence has not been
revoked in New Mexico. This Certificate is not to be
construed as an endorsement, recommendation, or notice of
approval of the corporation's financial condition or
business activities and practices. This certificate of Good
standing and compliance expires: MARCH 15, 2012

Dated: FEBRUARY 14, 2011

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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In testimony whereof, the Public Regulation Commission of
the state of New Mexico has caused this certificate to be
signed by its chairman and the seal of said Commission to be
affixed in the City of Santa Fe.

Patrick H. Lyons
Chairman

Opette Drake
Bureau Chief

AS