

Division of Corporations **F 11000000 1494** Page 1 of 2

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000090224 3)))



H110000902243ABCT

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2011 APR -6 AM 10:00

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION
HCA Long Term Health Services of Miami, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

RECEIVED
11 APR -6 PM 4:14
DIVISION OF CORPORATIONS

Handwritten signature and date 4/7/11

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: HCA Long Term Health Services of Miami, Inc.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" 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:

Ceci Estill

Name of Person

HCA Long Term Health Services of Miami, Inc.

Firm/Company

One Park Plaza - Legal Dept.

Address

Nashville, TN 37203

City/State and Zip code

stirley.scharf@bcabhealthcare.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ceci Estill

at (615) 344-2994

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing 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

2011 APR - 6 AM 10:00
SECRETARY OF STATE
DIVISION OF CORPORATIONS

**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. HCA Long Term Health Services of Miami, 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. Tennessee 3. 90-0614655
(State or country under the law of which it is incorporated) (FBI number, if applicable)

4. 09/21/2010 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. One Park Plaza, Nashville, TN 37203
(Principal office address)

One Park Plaza - Legal Dept., Nashville, TN 37203
(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: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

C T Corporation System

By:


(Registered agent's signature)

Danny Verdecchia, Jr. Asst. 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.

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DIVISION OF CORPORATION

2011 APR -6 AM 10: 00

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

A. DIRECTORS

Director: ~~XXXXXXXX~~ A. Bruce Moore, Jr.

Address: One Park Plaza
Nashville, TN 37203

Vice Chairman:

Address:

Director: Mike Marks
Address: One Park Plaza
Nashville, TN 37203

Director: Michael Houston
Address: 450 East Las Olas Blvd., Suite 1100,
Ft. Lauderdale, FL 33301

B. OFFICERS

President: A. Bruce Moore, Jr.

Address: One Park Plaza
Nashville, TN 37203

Vice President: Mike Marks

Address: One Park Plaza
Nashville, TN 37203

VP and Secretary: Michael Houston

Address: 450 East Las Olas Blvd., Suite 1100, Ft. Lauderdale, FL 33301

Treasurer: Mike Marks

Address: One Park Plaza, Nashville, TN 37203

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. A. Bruce Moore, Jr., President

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



STATE OF TENNESSEE
Tre Hargett, Secretary of State
Division of Business Services
William R. Snodgrass Tower
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

CFS
892 DAVIDSON DRIVE
SUITE B
Nashville, TN 37205

April 6, 2011

Request Type: Certificate of Existence/Authorization
Request #: 0035663

Issuance Date: 04/06/2011
Copies Requested: 1

Document Receipt

Receipt #: 434913

Filing Fee: \$20.00

Payment-Check/MO - CFS, Nashville, TN

\$20.00

Regarding: HCA Long Term Health Services of Miami, Inc.
Filing Type: Corporation For-Profit - Domestic
Formation/Qualification Date: 09/21/2010
Status: Active
Duration Term: Perpetual

Control #: 640571
Date Formed: 09/21/2010
Formation Locale: Davidson County
Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

HCA Long Term Health Services of Miami, Inc.

- * is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Tre Hargett
Secretary of State

Processed By: Nichole Hambrick

Phone 615-741-6488 * Fax (615) 741-7310 * Website: <http://tnbear.tn.gov/>

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