

F11000004282Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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H110002564053ABCY

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) 873-5368

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

Email Address: _____

FILED
2011 OCT 25 AM 9:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**FOREIGN PROFIT/NONPROFIT CORPORATION**
HCA - IT&S PBS FIELD OPERATIONS, INC.

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

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11 OCT 25 PM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**J. Shivers OCT 26 2011**
10/25/2011

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: HCA - IT&S PBS Field Operations, 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 - IT&S PBS Field Operations, Inc.
Firm/Company
One Park Plaza - Legal Dept.
Address
Nashville, TN 37203
City/State and Zip code
shirley.scharf@hcahealthcare.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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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. TICA - IT&S PBS Field Operations, 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. Tennessee 3. applied - pending
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/07/2011 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 - Legat 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: CT Corporation System

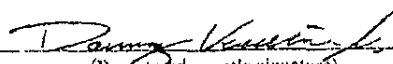
Office Address: 1200 South Pine Island Road

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.

CT 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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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Director: Samuel N. Hazen

Address: One Park Plaza
Nashville, TN 37203

Vice Chairman:

Address:

Director: Donald W. Stinnett

Address: One Park Plaza
Nashville, TN 37203

Director: John M. Franck II

Address: One Park Plaza
Nashville, TN 37203

B. OFFICERS

President: Noel B. Williams

Address: One Park Plaza
Nashville, TN 37203

Vice President: John M. Franck II

Address: One Park Plaza
Nashville, TN 37203

Secretary: Dora A. Blackwood

Address: One Park Plaza, Nashville, TN 37203

Treasurer: David G. Anderson

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. Dora A. Blackwood, Vice President and Secretary

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

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TALLAHASSEE, FLORIDA

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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
SUITE B
992 DAVIDSON DRIVE
NASHVILLE, TN 37205

October 24, 2011

Request Type: Certificate of Existence/Authorization
Request #: 0049916

Issuance Date: 10/24/2011
Copies Requested: 1

Document Receipt

Receipt #: 556991

Filing Fee: \$20.00

Payment-Account - CFS, NASHVILLE, TN

\$20.00

Regarding: HCA-IT&S PBS Field Operations, Inc.
Filing Type: Corporation For-Profit - Domestic
Formation/Qualification Date: 10/07/2011
Status: Active
Duration Term: Perpetual

Control #: 669320
Date Formed: 10/07/2011
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-IT&S PBS Field Operations, 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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NASHVILLE, TENNESSEE

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