Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6381

Prom:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone Fax Number

: (850)222-1092 r (850)878-5368

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

Rmail □	Address:			

#### FOREIGN PROFIT/NONPROFIT CORPORATION NATIONAL PATIENT ACCOUNT SERVICES. INC.

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$70.00

12/15/2011

#### **COVER LETTER**

TO:	New Filing S Division of C				
SUBJ	ECT:	Nationa	Patient Account Services, Inc.		
		Name of corpo	ration - must include suffix		
Dear S	Sir or Madam:	, st.			
"Certi	ficate of Existen	ation by Foreign Corporation ce," or "Certificate of Good gn corporation to transact b	n for Authorization to Transa   Standing" and check are sub usiness in Florida.	ct Business in Florida," mitted to register the	
Please	return all corre	spondence concerning this n	utter to the following:		
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For fur	ther information	concerning this matter, ple	ese call:		=
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	2661 Executive Tellahessee, FL	Center Circle	Tallahassee, FI		
inclose	d is a check for	the following amount:		•	
<b>X</b> \$70	).00 Filing Fcc	378.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy	

SECRETARY OF A BUT DIVISION OF CORPORATORY

## 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.

- (If name unavai		****		-	
fre marine substituti	lable in Florida, enter alternate corporat		adopted for the purpose of transacting business in Florida)		
Texas			62-1645596	-	
(State or country	under the law of which it is incorporate	ed)	(FRI number, if applicable)		
06/28/1996		5.	Perpetual	_	
(Dat	e of incorporation)		(Duration: Year corp, will cease to exist or "perpetual")		
Upon Qualifice	tion				
		dness l	n Fiorida, if prior to registration)	-	
	(SEE SECTIONS 607.1501 &	607.1	502, F.S., to determine penalty liability)		
One Park Plaza	Legal Dept., Nashville, TN 37203				
				_	
	(Principal off	ice add	1588)	•	
		ice add	1268)	<del>,</del>	
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Healthcare rela (Purpose) Name and stre Name:	(Principal off  (Current mail  ted business  ) of corporation authorized in home sta et address of Florida registered agen  C T Corporation System	ing add	nuntry to be carried out in state of Florida)	15 AM	

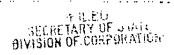
C T Corporation System Kristin Bolden
Assistant Secretary

(Registered agent's signature)

and I am familiar with and accept the obligations of my position as registered agent.

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.

PLU19 - 03/03/2011 CT Filing Missager Collec



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

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2014	DEC	15	AM	y:	ZU

A. DIRECTORS SEE ATTACHMENT	Zeri Dec 10 ·····
Chairman:	
Address:	
	·
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
Audiss.	
B. OFFICERS	
President: See Attachment	
Address:	
Vice President:	
Address:	
Socretary:	,
Address:	
Tressuror:	
Address:	•
NOTE: If necessary, you may attach an addendum to the appli	cation listing additional officers and/or directors.
13. Dan & Eleutral	
Signature of Director of Che officer or director signing this document (and who is listed	r or Officer in number 12 shove) affirms that the facts stated begain
the orner of director signing this document (and who is insec- tive true and that he or she is eware that false information submit hird degree felony as provided for in s.817.155, F.S.	ted in a document to the Department of State constitutes a
4. Dora A. Blackwoo	
(Typed or printed name and capacity of	person signing application)

#### + April 11, 2011

# OFFICERS AND DIRECTORS OF NATIONAL PATIENT ACCOUNT SERVICES, INC.

* Samuel N. Hezen	President	One Park Plaza Nashville, TN 37203
* Donald W. Stinnett	Senior Vice President	One Park Plaza Nashville, TN 37203
Beverly B. Wallace	Senior Vice President	One Park Plaza Nashville, TN 37203
Robert A. Waterman	Senior Vice President	One Perk Pleza Nashville, TN 37203
David G. Anderson	Vice President and Treasurer	One Park Plaza Nashville, TN 37203
Dora A. Blackwood	Vice President and Secretary	One Park Plaza Nashville, TN 37203
Mike T. Bray	Vice President	One Park Plaza Nastrville, TN 37203
Steven E. Clifton	Vice President and Assistant Secretary	One Park Plaza Nashville, TN 37203
John L. Crothers	Vice President	One Park Plaza Nashville, TN 37203
* John M. Franck II	Vice President and Assistant Secretary	One Park Plaza Nashville, TN 37203
Keith M. Giger	Vice President	One Park Plaza Nashville, TN 37203
Dennis Green	Vice President	One Park Plaza Nashville, TN 37203
Ronald Lee Grubbs, Jr.	Vice President	One Park Plaza Nashville, TN 37203
James D. Hinton	Vice President	One Park Plaza Nashville, TN 37203
W. Mark Kimbrough	Vice President	One Park Plaza Nashville, TN 37203
Debra Machos	Vice President	3600 Harwood Road, Ste. B Bedford, TX 76021
A. Bruce Moore, Jr.	Vice President	One Park Plaza Nashville, TN 37203

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Joseph A. Sowell

Vice President

One Park Plaza Nashville, TN 37203

Eric Ward

Vice President

One Park Plaza Nashville, TN 37203

Curtis Warfleld

Vice President

2700 Blankenbaker Pkwy, Ste. 100

Louisville, KY 40299

Dianne Johnson

Assistant Secretary

One Park Plaza

Nashville, TN 37203

Deborah H. Multin

Assistant Secretary

One Park Plaza

Nashville, TN 37203

Shirley E. Scharf

Assistant Secretary

One Park Plaza

Nashville, TN 37203

James L. Williams

Assistant Secretary

One Park Plaza Nashville, TN 37203

\*Directors

Zill OEC | 5 AM 9: 21

Persons employed in the capacity of Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Administrator and Assistant Administrator of facilities owned and/or operated by this Company or by a partnership for which this Company acts as general partner or by a limited ilability company for which this Company acts as managing mamber, are hereby authorized to, subject to the Company's policies and procedures, (a) manage the facilities and all day-to-day operations of, and the employees and agents of the Company at, such facilities, and take such other acts as are necessary or appropriate for the proper functioning of the facilities, and (b) negotiate and enter into contracts and agreements necessary to conduct the day-to-day business of such facilities, including, but not limited to, physician contracts, personal property leases, purchase agreements, cost reports, and similar documents (but specifically excluding any contracts or leases relating to real estate, except for leases to tenants in buildings owned by or leased to the Company entered into pursuant to the Company's policies and procedures) which with the advice of legal counsel shall be deemed appropriate and advisable, and to execute and deliver Certificates of Resolution required in connection with such contracts and agreements.

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Hope Andrade Secretary of State

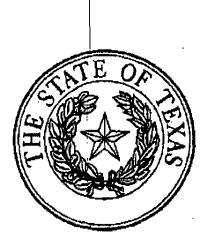
### Office of the Secretary of State

#### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles Of Incorporation for National Patient Account Services, Inc. (file number 140528700), a Domestic For-Profit Corporation, was filed in this office on June 28, 1996.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on December 13, 2011.



Hope Andrade Secretary of State