

F 95000003298

Document Number Only

C T CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, Florida 32301

City

State

Zip

Phone

904-222-1092

CORPORATION(S) NAME

600001535166

-07/11/95--01110--007

\*\*\*\*770.00 \*\*\*\*70.00

600001535166

-07/11/95--01110--007

\*\*\*\*770.00 \*\*\*\*70.00

W45-13794

OrNda HealthCorp of Florida, Inc.

☒ Profit

☐ NonProfit

☐ Limited Liability Company

☒ Foreign

☐ Amendment

☐ Merger

☐ Dissolution/Withdrawal

☐ Mark

☐ Limited Partnership

☐ Annual Report

☐ Other

☐ Reinstatement

☐ Reservation

☐ Change of R.A.

☐ Fictitious Name

☐ Certified Copy

☐ Photo Copies

☐ CUS/ G/S

☐ Call When Ready

☐ Call if Problem

☐ After 4:30

☒ Walk In

☐ Will Wait

☒ Pick Up

☐ Mail Out

Name

Availability

Document

Examiner

Updater

Verifier

Acknowledgment

W.P. Verifier

7-10

3pm

PLEASE RETURN EXTRA COPY(S)  
FILE STAMPED

Same as P20545-  
no name conflict



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

July 10, 1995

CT SYSTEM

SUBJECT: ORNDA HEALTHCORP OF FLORIDA, INC.  
Ref. Number: W95000013794

We have received your document for ORNDA HEALTHCORP OF FLORIDA, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$70.00.

The registered agent must sign accepting the designation.

Please return a photocopy of the corrected application if you would like one stamped and returned to you.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6958.

Lee Rivers  
Document Examiner

Letter Number: 595A00033062

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. OrNda HealthCorp of Florida, Inc.  
(Name of corporation: the word "INCORPORATED", "COMPANY", OR "CORPORATION" or words or abbreviations of like import in language, as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present..)
2. California  
(State or country under the law of which it is incorporated)
3. 12/02/82  
(Date of Incorporation)
4. Perpetual  
(Duration)
5. 95-3791901  
(Federal Employer Identification Number, if applicable)
6. Upon Qualification  
(Date first transacted business in Florida. See sections 607.1501, 607.1502, and 817.155, F.S.)
7. 3401 West End Ave., Suite 700, Nashville, Tennessee 37203  
(Current mailing address)
8. Hospital Management and Development  
(Brief description of the nature of the business in which it is engaged in the state of Florida)
9. Names and addresses of officers and/or directors:

A. Directors

Chairman: Donald J. Amaral  
Address: 3401 West End Ave., Suite 700  
Nashville, TN 37203

Director: Keith B. Pitts  
Address: 3401 West End Ave., Suite 700  
Nashville, TN 37203

Director: Ronald P. Soltman  
Address: 3401 West End Ave., Suite 700  
Nashville, TN 37203

Director: \_\_\_\_\_  
Address: \_\_\_\_\_

B. Officers

President: Donald J. Amaral  
Address: 3401 West End Ave., Suite 700  
Nashville, TN 37203

Exec. Vice-President: Keith Pitts  
Address: 3401 West End Ave., Suite 700  
Nashville, TN 37203

Secretary: Ronald P. Soltman, Esq.  
Address: 3401 West End Ave., Suite 700  
Nashville, TN 37203

Treasurer: Russell F. Tonnies  
Address: 3401 West End Ave., Suite 700  
Nashville, TN 37203

Asst. Secretary: Karen H. Abbott  
Address: 3401 West End Ave., Suite 700  
Nashville, TN 37203

(If needed, you may attach an addendum to the application listing additional officers and/or directors.)

10. Name and Street address of Florida registered agent:

Name: CT Corporation System  
Address: 1200 South Pine Island Road  
Plantation, Florida 33324

11. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation in 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.

Registered agent's signature:

Connie Bryan  
(Officer)  
**CONNIE BRYAN**  
**SPECIAL ASSISTANT SECRETARY**  
(Type Name and Title of Officer)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to deliver 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.

13. Karen H. Abbott  
(Signature of Chairman, Vice Chairman, or any officer listed in number 9 of the application)

14. Karen H. Abbott, Asst. Secretary  
(Name and capacity of person signing application)

# State of California

SECRETARY OF STATE

## CERTIFICATE OF STATUS DOMESTIC CORPORATION

I, **BILL JONES**, Secretary of State of the State of California, hereby certify:

That on the 2nd day of December, 19 82  
"Beverly Hills Medical Center, Inc.", Now:  
ORNDA HEALTHCORP OF FLORIDA, INC.

became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That no record exists in this office of a certificate of dissolution of said corporation nor of a court order declaring dissolution thereof, nor of a merger or consolidation which terminated its existence; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.

IN WITNESS WHEREOF, I execute this  
certificate and affix the Great Seal  
of the State of California this  
7th day of July, 1995



**BILL JONES**  
Secretary of State