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CORPORATE
ACCESS,
INC.

236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

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SECRETARY OF STATE
DIVISION OF RECORDS & INFORMATION

1. Province Healthcare Company
(CORPORATE NAME & DOCUMENT #)

2. _____
(CORPORATE NAME & DOCUMENT #)

3. _____
(CORPORATE NAME & DOCUMENT #)

4. _____
(CORPORATE NAME & DOCUMENT #)

5. _____
(CORPORATE NAME & DOCUMENT #)

SPECIAL INSTRUCTIONS

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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. Province Healthcare Company
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "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. Delaware
(State or country under the law of which it is incorporated) 3-62-1710772
(FEI number, if applicable)

4. August 7, 1997
(Date of Incorporation) Perpetual
(Duration: Year corp. will cease to exist or "perpetual")

6. Upon filing of this application
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))

7. 105 Westwood Place, Suite 400

Brentwood, Tennessee 37027

(Current mailing address)

8. Hospital management and development
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. **Name and street address of Florida registered agent:** (P.O. Box or Mail Drop Box acceptable) **NOT**

Name: NRAI Services, Inc.

Office Address: 526 E. Park Avenue

Tallahassee, FL

32301

(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.

By: Ed Hand - V.P.
(Registered agent's signature)

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.

12. Names and addresses of officers and/or directors: (Street address **ONLY**- P. O. Box **NOT** acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: See attached officers/directors rider

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: See attached officers/directors rider

Address: _____

Vice President: _____

Address: _____

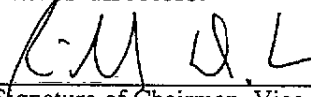
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Richard Gore,
Executive Vice President & CFO
(Typed or printed name and capacity of person signing application)

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PROVINCE HEALTHCARE COMPANY

Officers:

Martin S. Rash, Chairman, President & CEO, 105 Westwood Place, Ste. 400, Brentwood, TN 37027

John M. Rutledge, Senior Vice President & COO, 105 Westwood Place, Ste. 400, Brentwood, TN 37027

Steven P. Taylor, Senior Vice President, 105 Westwood Place, Ste. 400, Brentwood, TN 37027

James T. Anderson, Senior Vice President of Acquisitions & Development, 105 Westwood Place, Ste. 400, Brentwood, TN 37027

James O. McKinney, Senior Vice President of Managed Operations, 105 Westwood Place, Ste. 400, Brentwood, TN 37027

Howard T. Wall, Senior Vice President & Secretary, 105 Westwood Place, Ste. 400, Brentwood, TN 37027

Richard Gore, Executive Vice President & CFO, 105 Westwood Place, Ste. 400, Brentwood, TN 37027

Brenda Rector, Vice President, Asst. Secretary & Controller, 105 Westwood Place, Ste. 400, Brentwood, TN 37027

Christopher T. Hannon, Vice President & Asst. Treasurer, 105 Westwood Place, Ste. 400, Brentwood, TN 37027

Directors:

Bruce V. Rauner, 105 Westwood Place, Ste. 400, Brentwood, TN 37027

Joseph P. Nolan, 105 Westwood Place, Ste. 400, Brentwood, TN 37027

Martin S. Rash, 105 Westwood Place, Ste. 400, Brentwood, TN 37027

A.E. Brim, 105 Westwood Place, Ste. 400, Brentwood, TN 37027

Michael T. Willis, 105 Westwood Place, Ste. 400, Brentwood, TN 37027

David L. Steffy, 105 Westwood Place, Ste. 400, Brentwood, TN 37027

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DIVISION OF CORPORATIONS

State of Delaware
Office of the Secretary of State

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PROVINCE HEALTHCARE COMPANY" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF APRIL, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PROVINCE HEALTHCARE COMPANY" WAS INCORPORATED ON THE SEVENTH DAY OF AUGUST, A.D. 1997.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

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Edward J. Freel
Edward J. Freel, Secretary of State

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AUTHENTICATION: 9673300

DATE: 04-07-99