

F99000002142



ACCOUNT NO. : 072100000032
REFERENCE : 207905 4334907
AUTHORIZATION : *Katricia Pzyut*
COST LIMIT : \$ 70.00

FILED
99 APR 26 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : April 16, 1999
ORDER TIME : 10:06 AM
ORDER NO. : 207905-005
CUSTOMER NO: 4334907

CUSTOMER: Ms. Melinda Lampkin
Columbia/hca Healthcare
P.O. Box 550
One Park Plaza
Nashville, TN 37203

500002851235-13

FOREIGN FILINGS

W99-9720

NAME: COLUMBIA LAGRANGE HOSPITAL,
INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

dy 4/22/99

CONTACT PERSON: Angie Glisar

RECEIVED
99 APR 26 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

April 26, 1999

CSC

SUBJECT: COLUMBIA LAGRANGE HOSPITAL, INC.
Ref. Number: W99000009720

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TALLAHASSEE, FLORIDA

We have received your document for COLUMBIA LAGRANGE HOSPITAL, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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 (850) 487-6094.

Agnes Lunt
Document Specialist

Letter Number: 999A00021854

RESUBMIT
Please give original
submission date as file date.

99 APR 26 PM 1:42
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. Columbia LaGrange Hospital, Inc.
(Name of Corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION," or words or abbreviations 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. Illinois (State or country under the law of which it is incorporated) 3. 61-1276162 (FEI number, if applicable)

4. January 30, 1995 (Date of Incorporation) 5. Perpetual (Duration: Year corporation will cease to exist or "perpetual")

6. Upon filing
(Date first transacted business in Florida. (See Sections 607.1501, 607.1502, and 817.1501, F.S.))

7. One Park Plaza, Nashville, TN 37203
(Current mailing address)

8. Business relating to healthcare
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

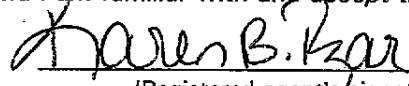
9. **Name and street address of Florida registered agent:** (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street, Florida, 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:  Karen B. Rozar, Asst. Sec.
(Registered agent's signature) Corporation Service Company

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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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)

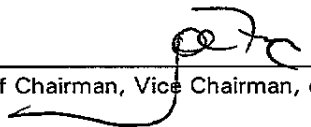
Director: John M. Franck II
Address: One Park Plaza, Nashville, TN 37203
Director: R. Milton Johnson
Address: One Park Plaza, Nashville, TN 37203
Director: A. Bruce Moore
Address: One Park Plaza, Nashville, TN 37203

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

President: Michael G. Bernard
Address: 9000 Corporate Campus Drive, Ste. 3000, Louisville, KY 40223-4038
Vice President: Ronald Lee Grubbs
Address: One Park Plaza, Nashville, TN 37203
Secretary: John M. Franck II
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 Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. John M. Franck II, Vice President and Secretary
(Typed or printed name and capacity of person signing application)

File Number 5817-583-8



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

COLUMBIA LAGRANGE HOSPITAL, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE JANUARY 30, 1995, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE FILING OF ANNUAL REPORTS AND PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS*****

In Testimony Whereof, I, hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 23RD **day of** APRIL **A.D.** 1999



Jesse White

SECRETARY OF STATE