

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  
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)

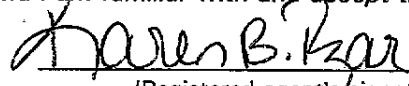
9. **Name and street address of Florida registered agent:** (P.O. Box or Mail Drop Box **NOT** acceptable)

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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TALLAHASSEE, FLORIDA

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)**

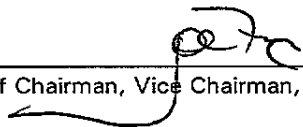
Director: John M. Franck II  
Address: One Park Plaza, Nashville, TN 37203  
Director: R. Milton Johnson  
Address: One Park Plaza, Nashville, TN 37203  
Director: A. Bruce Moore  
Address: One Park Plaza, Nashville, TN 37203

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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