

F99000002705



ACCOUNT NO. : 072100000032

REFERENCE : 168316 4334907

AUTHORIZATION :

Patricia Pugh

COST LIMIT : \$ 70.00

ORDER DATE : March 15, 1999

ORDER TIME : 10:05 AM

ORDER NO. : 168316-010

500002886255--0

CUSTOMER NO: 4334907

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

FILED  
99 MAY 25 PM 2:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FOREIGN FILINGS

NAME: CCN MANAGED CARE, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

RECEIVED  
99 MAY 25 PM 2:28  
DIVISION OF CORPORATION

CONTACT PERSON: Angie Glisar

AL APR 25 1999

**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. CCN Managed Care, Inc.  
(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. Applied for  
(FEI number, if applicable)
4. 11/16/98  
(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 817.155, F.S.))
7. One Park Plaza, Nashville, TN 37203  
(Current mailing address)
8. Business related to healthcare services  
(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, 32909  
(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: Laura R. Duff  
(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.

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98 MAY 28 PM 2:33  
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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)**

Chairman: Richard M. Mastaler

Address: 5251 Viewridge Court, San Diego, CA 92123

Vice Chairman: Michael O. Bell

Address: 5251 Viewridge Court, San Diego, CA 92123

Director: John M. Franck II

Address: One Park Plaza, Nashville, TN 37203

Director: David G. Anderson

Address: One Park Plaza, Nashville, TN 37203

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

President: Michael O. Bell

Address: 5251 Viewridge Court, San Diego, CA 92123

Vice President: Ronald Lee Grubbs

Address: One Park Plaza, Nashville, TN 37203

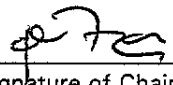
Secretary: John M. Franck II

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.  3-12-99  
(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.)

*State of Delaware*  
*Office of the Secretary of State*

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CCN MANAGED CARE, INC." 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 TWENTY-FOURTH DAY OF MAY, A.D. 1999.

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

FILED  
99 MAY 25 PM 2:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

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991205924

AUTHENTICATION:

DATE:

9762604

05-24-99