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To:

Division of Corporations

Fax Number

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: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023

Phone

: (850)222-1092

Fax Number

: (850)878-5926

FLORIDA/FOREIGN LIMITED LIABILITY C

Century Park Associates, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	1. CENTURY PARK ASSOCIATES, LLC		
	(Name of Foreign Limited Lia	oility Company)	
	2. Tennessee 3.	62-1851068	
	(Jurisdiction under the law of which foreign limited liability company is organized)	(FBI number, if applicable)	
	4. April 3, 2001 5.	Perpetual	
	(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")	
	6. 1/1/07		
	(Date first transacted business in Flori (See sections 608.501 & 608.502 F.S. to	1a, if prior to registration.) determine penalty liability)	
	•		
	7		
	3570 Keith Street, NW Cleveland, TN 37312		
	(Street Address of	Principal (1ffice)	
	A RELIGIOUS SECTION	ompany, check here	
	8. If limited liability company is a manager-managed or	mpany, check here	
i	9. The name and usual business addresses of the manag	ing members or managers are as follows:	
Bundle ACTUAL CO			•
· Ma	Forrest L. Preston 3570 Keith Street, NY	W Cleveland, TN 37312	•
St 7 12	Bryan P. Preston 3570 Keith Street, N	W Claveland, TN 37312	
	• •		
r transfer of the	10. Attached is an original certificate of existence, no more tha		
John Own Son		ls organized. (A photocopy is not acceptable. If the certificate	
No 451 or the second	is in a foreign language, a translation of the certificate un	ader oath of the translator must be submitted.)	
e professor Communication	11. Nature of business or purposes to be conducted or p	romoted in Florida:	
	To own, operate and/or manage	healthcare facilities	
	On an		
	- Stang Sulu	mond	
	Signature of a member or an anth-	orized representative of a member.	
	(In secondance with section 608,408(3), F.S., the execution of this document constitutes on affirmation under the penalties of penjury that the flots stated herein are true.)		
	Joan E. Thurmond, Authorized Repre	sentative	
	Typed or printed n		

FLOST - WORRS C T System Online

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

I. The name of the	E Limited Liability Company is:	
2. The name and t	he Florida street address of the registered agent and office are:	
	C T Corporation System	O7 AI
_	(Name)	APR 27 APR 27 APR 27
	1200 South Pine Leland Road Florida Street Address (P.O. Box NOT ACCEPTABLE)	SET AM I TE
	Plantation, Florida 33324	
	City/State/Zip	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 γ relating to the proper and complete performance of my duties, and I am familiar with and accept the V^* \sim

MARY R. ADAMS **ASSISTANT SECRETARY**

\$ 100.00 Filing Fee for Application

Designation of Registered Agent

30.00 Certified Copy (optional)

5.00 Certificate of Status (optional)

FLOST - MOMOS C T Byden Onlin

Secretary of State Division of Business Services 312 Eighth Avenue North 6th Floor, William R. Snodgrass Tower Nashville, Tennessee 37243

ISSUANCE DATE: 08/15/2007 REQUEST NUMBER: 07074108 YELEPHONE CONTACT: (615) 741-4488

CHARTER/QUALIFICATION DATE: 04/03/2001 STATUS: ACTIVE CORPORATE EXPIRATION DATE: PERFETUAL CONTROL NUMBER: 0406050 JURISDICTION: TENNESSEE

8161 HIGHWAY 100 NASHVILLE, TH 37221

4 14 3

REQUESTED BY: 8161 HIGHWAY 100 HASHVILLE, TN 37221

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT "CENTURY PARK ASSOCIATES, LLC"

A LIMITED LIABILITY COMPANY DULY FORMED UNDER THE LAW OF THIS STATE WITH BATE OF FORMATION AND DURATION AS GIVEN ABOVE; THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE EXISTENCE OF THE LIMITED LIABILITY COMPANY HAVE BEEN PAID: THAT THE HOST RECENT LIMITED LIABILITY ANNUAL REPORT REQUIRED HAS BEEN FILED; THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED, AND THAT ARTICLES OF TERMINATION OF THE EXISTENCE HAVE NOT BEEN FILED.

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FOR: REQUEST FOR CERTIFICATE

ON DATE: 03/15/07

FROM: CAPITAL FILING SERVICE (CFS) OLGI HIGHWAY 100

NASHVILLE, TN 37221-000G

FEES RECEIVED: **#640.00**

TOTAL PAYMENT RECEIVED:

RECEIPT NUMBER: 00004126465 ACCOUNT NUMBER: 00101230



RILEY C. DARNELL SECRETARY OF STATE

> 00/27/2007 14:00 820222191

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