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LORIDA/FOREIGN LIMITED LIABILITY CO.

Brandon Regional Caucer Center, LLC

Certificate of Status	0
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EXAMINER

APR 2 2 2008

Help

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Brandon Regional Cancer Center, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.") Delaware Applied for (Jurisdiction under the law of which foreign limited liability (PEI number, if applicable) company is organized) (Date of Organization) (Duration: Year limited liability company will cease to (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) One Park Plaza Nashville, TN 37203 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: A. Bruce Moore, Jr., One Park Plaza, Nashville, TN 37203 R. Milton Johnson, One Park Plaza, Nashville, TN 37203 John M. Franck II, One Park Plaza, Nashville, TN 37203 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under ceth of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Health care related business

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the ponalties of projuty that the facts stated herein are true.)

Dora A. Blackwood, Authorized Representative of Member

Typed or printed name of signee

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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.

1. The name of the	ne Limited Liability Co	mpany is:			
Brandon Regional Cancer Center, LLC If name unavailable, the alternate name to be used in the state of Florida is:					
	(CT Corporation System	m		
		(Name)			
	1200 South Pine Island Road				
Plorida Street Address (P.O. Box NOT ACCEPTABLE)					
	Plantation	FI.	33324		
		City/State/Zip			
liability company a agent and agree to relating to the prop obligations of my p	it the place designated it act in this capacity. I fiver and complete perform	this certificate, I h wther agree to com nance of my duties,	of process for the above stated limited vereby accept the appointment as regi- uply with the provisions of all statutes and I am familiar with and accept the in Chapter 608, Florida Statutes.	sterea	
ву:		e Hardley Asst.	Secretary		
	(Signature)	•			
	\$ 100.0	•			
	\$ 25.0 \$ 30.0		of Registered Agent		
3,1	\$ 5.0		Status (optional)		

Delaware

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The First State

I, BARRIET SMITE WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BRANDON REGIONAL CANCER CENTER, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF APRIL, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

1534852 8300

080451089

You may verify this certificate enline at cosp, delevere.gov/authver.shtml

Variet Smile Hinden

Harriet Smith Windsor, Secretary of Stat

AUTHENTICATION: 6534760

DATE: 04-18-08