

APPLICATION FOR
REINSTATEMENT FOR
LIMITED LIABILITY COMPANY



FLORIDA DEPARTMENT OF STATE
Sandra B. Murtham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 JAN 13 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address
of Limited Liability Company

DOCUMENT #

MA50000055

Health Information Associates, L.L.C.
P.O. Box 570
Nashville, TN 37202

1a. Principal Place of Business Address

One Park Plaza
Nashville, TN 37203

Page 1 of 2

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2.

2. Mailing Address

2a. Principal Place of Business

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Organized or Qualified

3a. State of Formation

02/28/95

TN

4. FEI Number

62-1594207

☐ Applied For

☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

The Prentice-Hall Corp. Sys., Inc.
1201 Half Street
Tallahassee, FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

Zip Code

FL

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

By: Kelly A. Howley

Kelly A. Howley Asst Sec

Date 11/5/96

REGISTERED AGENT MUST SIGN

10. Title

Managing Members/Managers

Business Street Address

City, State & Zip Code

Healthtrust, Inc.
94% Interest

One Park Plaza

Nashville, TN 37203

500002058685--0
-01/15/97--01027--013
****738.75 ****738.75

(Please see attached list)

REINSTATEMENT

1996

A. Mar
1-13-97

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of

Managing Member/Manager

R. Milton Johnson

Date 10-30-96

Daytime Phone (615) 327-9551

Typed or printed name of signing Managing Member/Manager

R. Milton Johnson

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HEALTH INFORMATION ASSOCIATES, L.L.C.

Managers and Tax Matters Member

Cheif Manager: E. Carl Johnson

Secretary: John M. Franck

Tax Matters Member: MRT&C, Inc.

The Governors are: Stephen T. Braun
David C. Colby
Richard A. Schweinhart

**The Operating Committee
is composed of:** E. Carl Johnson
Richard A. Schweinhart
R. Milton Johnson