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CR2E031 (1-89)

## 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. Quorum Health Resources, L. (Name of foreign limited liability cor "L.C." if not so contained in the name	npany must end	with the words "limited company" or t	heir abbreviation
2.Delaware		62-1742954	98 ,
(Jurisdiction under the law of which company is organized)	foreign limited l	iability (FEI number, if applic	able)
4. 6/12/98 (Date of Organization)		perpetual (Duration: Year limited liability comcease to exist or "perpetual")	able) pany will 2: 37
6. <u>upon qualification</u> (Date first transacted b	usiness in Florid	a. (See sections 608.501, 608.502 and	
7. 105 Continental Place Bre	entwood, Tenr	nessee 37027	
	(Street add	ress of principal office)	
8. List name, title, and business ad will manage the foreign limited	ldress of each r liability comp	nanaging member [MGRM] or managing member [MGRM] or many in Florida: (attach additional	anager [MGR] who page if necessary)
NAME & ADDRESS:	TITLE:	NAME & ADDRESS:	TITLE:
Eugene C. Fleming	M <u>anage</u> r	James G. Stokes	Manager
103 Continental Place		103 Continental Place	
Brentwood, TN 37027	. – -	Brentwood, TN 37027	
Steve B. Hewettt	Manager	Dave P. Dempsey	Manager
103 Continental Place		103 Continental Place	
Brentwood, TN 37027		Brentwood, TN 37027	
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		<u> </u>	

<sup>9.</sup> Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of records in the state under the law of which it is organized. (A hotocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

#### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUSES, 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 Limited Liability Company is:
_	Quorum Health Resources, LLC
2.	The name and the Florida street address of the registered agent and office are:
	C T CORPORATION SYSTEM (Name)
	1200 South Pine Island Road Florida street address (P.O. Box NOT ACCEPTABLE)
	Plantation FL 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

C T CORPORATION SYSTEM

Signature) Mary R. Adams, Asst. Secy.

Filing Fee: \$35 for Designation of Registered Agent

## AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

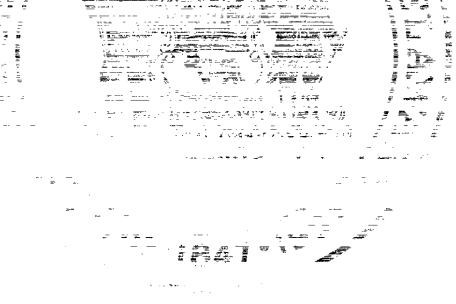
The	e undersigned member or authorized representative of a member of Quorum Health	h Resources
	LC certifies:	64 5: 3.
1)	the above named limited liability company has akkeas xxxxx members;	5
2)	the total amount of cash contributed by the member(s) is	\$ <u>1,000.00</u> ;
•	if any, the agreed value of property other than cash contributed by member(s) is (A description of the property is attached and made a part hereto.)	\$;
4)	the total amount of cash and property contributed and anticipated to be contributed by member(s) is (This total includes amounts from 2 and 3 above.)	\$1,000.00
	QUORUM HEALTH RESOURCES, LLC By: QUORUM HEALTH GROUP, INC., Sole Member	
	Signature of a member or authorized representative of a member (In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	er.
	Gayle Jenkins, Assistant Secretary  Typed or printed name of signee	

Filing Fee: \$250.00 for Application and Affidavit

# State of Delaware Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "QUORUM HEALTH RESOURCES, 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 EIFTEENTH DAY OF JUNE, A.D. 1998.

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





Edward J. Freel, Secretary of State

AUTHENTICATION:

DATE:

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