

Document Number Only

M98000000691

C T CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, Florida 32301

City

State.

Zip

Phone

904-222-1092

CORPORATION(S) NAME

300002576183--1

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****285.00 ****285.00

Quorum Health Resources, LLC

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- | | | |
|---|---|---|
| ☐ Profit | ☐ Amendment | ☐ Merger |
| ☐ NonProfit | ☐ Dissolution/Withdrawal | ☐ Mark |
| ☒ Limited Liability Company | ☐ Annual Report | ☐ UCC FILING |
| ☒ Foreign | ☐ Reservation | ☐ Other |
| ☐ Limited Partnership | ☐ Photo Copies | ☐ Change of R.A. |
| ☐ Reinstatement | ☐ Call if Problem | ☐ Fictitious Name |
| ☐ Certified Copy | ☐ Will Wait | ☐ CUS/ G/S |
| ☐ Call When Ready | | ☐ After 4:30 |
| ☒ Walk In | | ☒ Pick Up |
| ☐ Mail Out | | |

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Name
Availability
Document Examiner
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Acknowledgment
W.P. Verifier

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PLEASE RETURN EXTRA COPY(S) OF FILE STAMPED
Please call Jeff Butterfield
if any problems/questions

THANKS

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98 JUN 30 PM 12:16

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:

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.

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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:

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(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

Mary R. Adams

(Signature)

Mary R. Adams, Asst. Secy.

Filing Fee: \$ 35 for Designation of Registered Agent

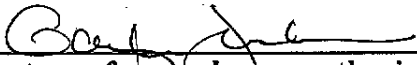
**AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN
LIMITED LIABILITY COMPANY**

The undersigned member or authorized representative of a member of Quorum Health Resources
LLC certifies:

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- 1) the above named limited liability company has ~~at least two~~^{one} members;
- 2) the total amount of cash contributed by the member(s) is \$ 1,000.00 ;
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ -0- ;
(A description of the property is attached and made a part hereto.)
and
- 4) the total amount of cash and property contributed and anticipated to be contributed
by member(s) is \$ 1,000.00 .
(This total includes amounts from 2 and 3 above.)

QUORUM HEALTH RESOURCES, LLC
By: QUORUM HEALTH GROUP, INC., Sole Member

By: 
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.)

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

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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 FIFTEENTH DAY OF JUNE, A.D. 1998.

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

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A handwritten signature in cursive script, reading "Edward J. Freel".

Edward J. Freel, Secretary of State

AUTHENTICATION:

2908225 8300

DATE:

9138430

981230496

06-15-98