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800002586818--5 -07/13/98--01081-031 \*\*\*\*285.00 \*\*\*\*285.00 CORPORATION NAME(S) AND DOCUMENT NUMBER(S) (if known): Development LIC 13 Certified Copy Certificate of Status.

	Certificate of Good Standing  ARTICLES ONITY  ALL CHARTER DOCS
AMENDMENTS	3 3 3 8 S S S S S S S S S S S S S S S S
Amendment	•
Resignation of R.A. Officer/Director	Continue of FICTITIONS NAME
Change of Registered Agent	Certificate of FICTITIOUS NAME
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	CORP SEARCH 6
REGISTRATION/QUALIFICATION	4.00
X Foreign LLC	<u> </u>
Limited Partnership	
Reinstatement	
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## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

American Health Facilities Development, LLC

IN COMPLIANCE WITH SECTION 608,503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FORLICN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

"L.C." if not so contained in the name	at present.	ith the words "limited company" or the	
Delaware	3.	Applied For ability (FEI number, if applica	
. <u>Delaware</u> (Jurisdiction under the law of which company is organized)			THE PER T
July 1, 1998		Perpetual (Duration: Year limited liability comp	
(Date of Organization)	) .	cease to exist or "perpetual")	ED PH
upon qualification		Secretions 608 501 608 502 and	<u>7' (</u> 817,155⊈(\$.) ω
(Date first transacted b	business in Florid	a. (See sections 608.501, 608.502 and	8
7. 105 Continental Place Br	entwood, Ten	nessee 37027	
7. 105 Continental Place Bi			
			<u> </u>
		ress of principal office)	
<ol> <li>List name, title, and business a will manage the foreign limite</li> </ol>	ddress of each	managing member [MGRM] or m	lanager [MGR] who [page if necessary]
will manage the foleigh finite	d Hability comp	Jany III I Totada. (	. •
NAME & ADDRESS:	TITLE:	NAME & ADDRESS:	TITLE:
		July III I I I I I I I I I I I I I I I I I	
NAME & ADDRESS:	TITLE:	NAME & ADDRESS:	TITLE:
NAME & ADDRESS:  Roger E. Panther  105 Continental Place	TITLE:	NAME & ADDRESS:  David P. Dempsey	TITLE:
NAME & ADDRESS:  Roger E. Panther  105 Continental Place  Brentwood, TN 37027	TITLE:  MGR	NAME & ADDRESS:  David P. Dempsey  105 Continental Place	TITLE:
NAME & ADDRESS:  Roger E. Panther  105 Continental Place	TITLE:	NAME & ADDRESS:  David P. Dempsey  105 Continental Place	TITLE:
NAME & ADDRESS:  Roger E. Panther  105 Continental Place  Brentwood, TN 37027	TITLE:  MGR  MGR	NAME & ADDRESS:  David P. Dempsey  105 Continental Place  Brentwood, TN 37027	TITLE:
NAME & ADDRESS:  Roger E. Panther  105 Continental Place  Brentwood, TN 37027  James G. Stokes	TITLE:  MGR  MGR	NAME & ADDRESS:  David P. Dempsey  105 Continental Place  Brentwood, TN 37027	TITLE:
NAME & ADDRESS:  Roger E. Panther  105 Continental Place  Brentwood, TN 37027  James G. Stokes  105 Continental Place	TITLE:  MGR  MGR	NAME & ADDRESS:  David P. Dempsey  105 Continental Place  Brentwood, TN 37027	TITLE:
NAME & ADDRESS:  Roger E. Panther  105 Continental Place  Brentwood, TN 37027  James G. Stokes  105 Continental Place  Brentwood, TN 37027	MGR  MGR  MGR	NAME & ADDRESS:  David P. Dempsey  105 Continental Place  Brentwood, TN 37027	TITLE:

<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.)

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

Th	e undersigned member or authorized representative of a member of American Health
Fa —	cilities Development, LLC certifies:
1)	one the above named limited liability company has at least t <del>wo</del> members;
	Quorum Health Resources, LLC
2)	the total amount of cash contributed by the member(s) is \$\(\frac{1,000.00}{2}\);
	(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.)
	American Health Facilities Development, LLC  By: Quorum Health Resources, LLC, 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.)
	Gayle Jenkins, Assistant Secretary
	Typed or printed name of signee

Filing Fee: \$250.00 for Application and Affidavit

## 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 Limited Liability Company is:
	American Health Facilities Development, LLC

2. The name and the Florida street address of the registered agent and office are:

Corporation Service Company		
(Name)		
1201 Hays Street		<u> </u>
Florida street address (P.O. Box <u>NOT</u> ACCEPTABLE )	3 PM	E D
Tallahassee, FL 32301	_ 55 2	
(City/State/Zip)	38 RibA	

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.

Corporation Service Company

(Signature)

Filing Fee: \$35 for Designation of Registered Agent

#### State of Delaware

### Office of the Secretary of State

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AMERICAN HEALTH FACILITIES DEVELOPMENT, 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 NINTH DAY OF JULY, A.D. 1998.

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

SBJUL 13 FH 2: 39

Edward J. Freel, Secretary of State

AUTHENTICATION:

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