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ACCOUNT NO. : 072100000032

REFERENCE : 060615 4334907

AUTHORIZATION : *Patricia Pizito*

COST LIMIT : \$ 285.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 DEC 17 AM 8:50

ORDER DATE : December 10, 1998

ORDER TIME : 12:15 PM

ORDER NO. : 060615-010

CUSTOMER NO: 4334907

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CUSTOMER: Ms. Dora Blackwood
Columbia/hca Healthcare
P.O. Box 550
One Park Plaza
Nashville, TN 37202

FOREIGN FILINGS

NAME: WEST FLORIDA REGIONAL MEDICAL
CENTER, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janice Vanderslice

Name Availability	<i>MGA</i>
Document Examiner	<i>MGA</i>
Updater	<i>MGA</i>
U. S. er Verifier	<i>MGA</i>
Acknowledgement	<i>MGA</i>
W. P. Verifier	<i>MGA</i>

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98 DEC 17 PM 2:37

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

*IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. West Florida Regional Medical Center, LLC
(Name of foreign limited liability company must end with the words "limited company" or their abbreviation
"L.C." if not so contained in the name at present.)
2. Delaware 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. November 9, 1998 5. perpetual
(Date of Organization) (Duration: Year limited liability company will
cease to exist or "perpetual")
6. has not transacted business prior to filing this application
(Date first transacted business in Florida. (See sections 608.501, 608.502 and 817.155, F.S.))
7. One Park Plaza, Nashville, TN 37203

(Street address of principal office)

8. List name, title, and business address of each managing member [MGRM] or manager [MGR] who
will manage the foreign limited liability company in Florida: (attach additional page if necessary)

NAME & ADDRESS:	TITLE:	NAME & ADDRESS:	TITLE:
<u>A. Bruce Moore</u>	<u>MGR</u>	_____	_____
<u>One Park Plaza</u>		_____	
<u>Nashville, TN 37203</u>		_____	
<u>R. Milton Johnson</u>	<u>MGR</u>	_____	_____
<u>One Park Plaza</u>		_____	
<u>Nashville, TN 37203</u>		_____	
<u>John M. Franck II</u>	<u>MGR</u>	_____	_____
<u>One Park Plaza</u>		_____	
<u>Nashville, TN 37203</u>		_____	

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

9. 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 photocopy is not acceptable. If the certificate is in a foreign
language, a translation of the certificate under oath of the translator must be submitted.)

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WEST FLORIDA REGIONAL MEDICAL 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 TENTH DAY OF DECEMBER, A.D. 1998.

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



Edward J. Freel

Edward J. Freel, Secretary of State

2964659 8300

AUTHENTICATION:

9453754

981475600

DATE:

12-10-98

**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 IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: West Florida Regional
Medical Center, LLC

2. The name and address of the registered agent and office is:

Corporation Service Company
(Name)
1201 Hays Street
(P.O. Box not acceptable)
Tallahassee, Florida 32301
(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.

Karen B. Rozar
(Signature)
Karen B. Rozar, Asst. Sec.
Corporation Service Company

12/11/98
(Date)

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 West Florida
Regional Medical Center, LLC certifies:

- 1) the above named limited liability company has at least ^{ONE}~~two~~ members;
- 2) the total amount of cash contributed by the member(s) is \$220,000,000.00 ;
- 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 \$220,000,000.00
(This total includes amounts from 2 and 3 above.)



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.)

John M. Franck II

Typed or printed name of signee

Filing Fee: \$250.00 for Application and Affidavit