# M98000001530



THE UNITED STATES CORPORATION	
ACCOUNT NO. : 0'	7210000032
REFERENCE : 00	60615 4334907 93 55 5
AUTHORIZATION : Po	tricia Pinit
COST LIMIT : \$	285.00
ORDER DATE : December 10, 1998	8: 5: 5: 5: 5: 5: 5: 5: 5: 5: 5: 5: 5: 5:
ORDER TIME : 12:15 PM	
ORDER NO. : 060615-010	и го -
CUSTOMER NO: 4334907	300002715033——ñ
CUSTOMER: Ms. Dora Blackwood Columbia/hca Healthcare P.o. Box 550 One Park Plaza Nashville, TN 37202	
FOREIGN FILINGS	<u>.</u> .
NAME: WEST FLORIDA REGION CENTER, LLC	IAL MEDICAL
XXXX QUALIFICATION (TYPE: <u>LL</u> )	
PLEASE RETURN THE FOLLOWING AS PROOF	OF FILING:
CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING	
CONTACT PERSON: Janice Vanderslice	Name Availability  Document Examiner  Updater  Unca er Ventyer  Acknowledgement

### 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:

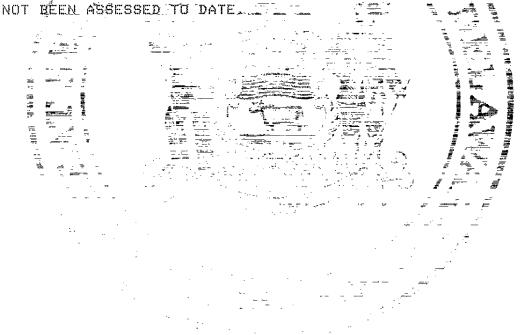
West Florida Regional Medi	cal Center, LLC		
(Name of foreign limited liability "L.C." if not so contained in the n	company must end	i with the words "limited company"	or their abbreviation
Delaware	anto di prosenzi		
(Jurisdiction under the law of whe company is organized)	ich foreign limited	liability (FEI number, if ap	plicable)
November 9, 1998		perpetual	
(Date of Organizati	on)	(Duration: Year limited liability cease to exist or "perpetual")	company will
has not transacted busines	s prior to filin	o this application	
(Date first transacte	d business in Flori	dz. (See sections 608,501,608,502	and 817.155, F.S.)
One Park Plaza, Nashville,	TN 37203		
	3,200		
	10 m m m	Z C. * . * . * . * . * . * . * . * .	· · ·
		dress of principal office)	
List name, title, and business	address of each	managing member [MGRM] o	r manager [MGR] who
with manage the foreign limit	ted Hability com	pany in Florida: (attach additio	nal page it necessary)
NAME & ADDRESS:	TITLE:	NAME & ADDRESS:	TITLE:
A. Bruce Moore	MGR		
One Park Plaza	_		· ,
	<del>-</del>		
Nashville, TN 37203			<u>.</u> 5
	_		98 D
R. Milton Johnson			DIVISION OF
R. Milton Johnson One Park Plaza			SECRETARY OF CO. 98 DEC 17
One Park Plaza			DEC 17
One Park Plaza			DEC 17 M 8:
One Park Plaza	MGR		DEC 17
One Park Plaza Nashville, TN 37203			DEC 17 MM 8: 5
One Park Plaza  Nashville, TN 37203  John M. Franck II			DEC 17 M 8:5

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 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.)

#### 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





Edward J. Freel, Secretary of State

**AUTHENTICATION:** 

9453754

DATE:

12-10-98

2964659 8300

981475600

## 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.

The name of	e name of the limited liability company is: West Florida Regional		
Medical Cer	iter, LLC		
T.			
The name a	nd address of the registered agent and office is:		
<del></del>	Corporation Service Company		
	(Name)		
	1201 Hays Street		
	(P.O. Box not acceptable)		
	Tallahassee, Florida 32301		

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.

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

FILINGFEE: \$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	
Re	egional Medical Center, LLC certifies:		
1)	the above named limited liability company has at least two members;		
2)	the total amount of cash contributed by the member(s) is	\$220,000,000.00;	
	if any, the agreed value of property other than cash contributed by me (A description of the property is attached and made a part hereto.) and	ember(s) is \$_0;	
	the total amount of cash and property contributed and anticipated to by member(s) is (This total includes amounts from 2 and 3 above.)	pe contributed \$220,000,000.00	
	Signature of a member or authorized representati	vo of a mombar	
	(In accordance with section 608.408(3), Florida Statutes, the exe affidavit constitutes an affirmation under the penalties of perjury stated herein are true.)	cution of this	
	John M. Franck II		
	Typed or printed name of signee		

Filing Fee: \$250.00 for Application and Affidavit