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ACCOUNT NO U/ZIUUUUU	ACCOUNT	NO.	:	07210000003
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REFERENCE 232593 .4334907

AUTHORIZATION

\$ 285.00 COST LIMIT

May 7, 1999 ORDER DATE :

ORDER TIME : 11:0 AM

600002871246--5 ORDER NO. 232593-040

CUSTOMER NO: 4334907

CUSTOMER: Ms. Dora Blackwood

Columbia/hca Healthcare

P.o. Box 550 One Park Plaza

Nashville, TN 37203

FOREIGN FILINGS

LOSCO, LLC

(TYPE: LL) XXXX QUALIFICATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

Name 5/11/90 CERTIFIED COPY OPLAIN STAMPED COPY Availability XX CERTIFICATE OF GOOD STANDING Document DČĆ Examiner CONTACT PERSON: Sara Lea יש פינון Utin er C verityer DCC Actino dedgement J1 - COOCOOPP1 DCC w P. Verifyer

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Losco, LLC	The state of the s
(Name of foreign limited liability company must end with the so contained in the name at present.)	words "limited company" or their abbreviation "L.C." if not
2. Delacate (Jurisdiction under the law of which foreign limited liability	3. Co2 - \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
company is organized)	<u>,</u>
4. 4/23/99 (Date of Organization)	5. Telection: Year limited liability company will cease to exist or "perpetual")
6. UPON COUNTRICATION	
6. Upon countrication U(Date first transacted business in Florida. (S	is sections 600.301, 600.302, and 61.133, 1.35
Nochulle, TN, 37203 (Sirrel addre	s of principal office)
·	ران مسلم المسلم
 List name, title, and business address of each many will manage the foreign limited liability company; 	n Florida: (attach additional page if necessary)
S. List name, title, and business address of each many will manage the foreign limited liability company: NAME & ADDRESS: TITLE:	n Florida: (attach additional page if necessary) NAME & ADDRESS: TITLE:
will manage the foreign limited liability company: . NAME & ADDRESS: TITLE:	n Florida: (attach additional page 11 necessary)
will manage the foreign limited liability company	n Florida: (attach additional page 11 necessary)
will manage the foreign limited liability company: . NAME & ADDRESS: TITLE:	n Florida: (attach additional page 11 necessary)
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NAME & ADDRESS: TITLE:	n Florida: (attach additional page 11 necessary)
will manage the foreign limited liability company: . NAME & ADDRESS: TITLE:	n Florida: (attach additional page 11 necessary)
will manage the foreign limited liability company: . NAME & ADDRESS: TITLE:	n Florida: (attach additional page 11 necessary)

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 eath of the translator must be submitted.)

Attachment

	Name	Address	-
1.	James M. Fleetwood, Jr.	One Park Plaza Nashville, TN 37203	 -
2.	Scott L. Mercy	One Park Plaza Nashville, TN 37203	
3.	John M. Franck II	One Park Plaza Nashville, TN 37203	;
4.	R. Milton Johnson, Jr.	One Park Plaza Nashville, TN 37203	
5.	Ronald Lee Grubbs, Jr.	One Park Plaza Nashville, TN 37203	<u>.</u>

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized representative of a member of LOSCO, Losco	1 <u>C</u>	
I) the above named limited liability company has at least one member;		-
2) the total amount of cash contributed by the member(s) is	\$1.00	;
3) 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.)	\$	_;
and 4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is	<u>\$1.00</u>	 ,
(This total includes amounts from 2 and 3 above.)	99 M SECRE	
•	AY II	FILE
	<u> </u>	
Signature of a member or an authorized representative of a mer (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.)	TATE OO	-
John M. Franck II	:	
Typed or printed name of signee		

Filing Fee: \$250.00 for Application and Affidavit

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PL'RSUANT 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:			
LOSCO, 4LC			-
2. The name and the Florida street address of the registered agent and office are:			
Corporation Service Company	SE(99	
(Name)		MAY	_
1201 Hays Street			
Florida street address (P.O. Box NOT ACCEPTABLE)		P	
Tallahassee FL 32301	AUE AUATE	2: 00	
Ciry/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.

Corporation Service Company Win Brai

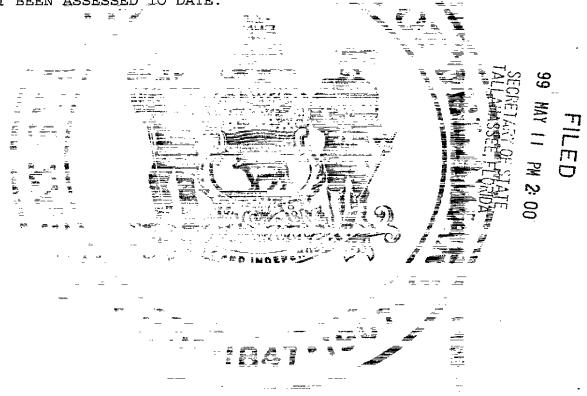
Karen B. Rozar. Asst. Sec. Corporation Service Company

Filing Fee: \$ 35 for Designation of Registered Agent

State of Delaware Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LOSCO, 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 MAY, A.D. 1999.

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



3034459 8300 991183844



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/05-10-99

Edward J. Freel, Secretary of State

AUTHENTICATION:

DATE: