SC THE UNITED STATES	M990000	0/263
COMPANY	ACCOUNT NO. : 07210000 REFERENCE : 334589 AUTHORIZATION : Patricia COST LIMIT : \$ 285.00	4334907 Pligits
ORDER DATE :	August 9, 1999	
ORDER TIME :	3:29 PM	
ORDER NO. :	334589-015	-
CUSTOMER NO:	4334907	7000029564070
Co P O:	s. Melinda Lampkin olumbia/hca Healthcare .o. Box 550 ne Park Plaza ashville, TN 37203	 -
	FOREIGN FILINGS	99 AUG IO
NAME :	MOB HOLDCO OF FLORIDA, LI	C AH 8: 09
<u>XXXX</u> QUALIF	ICATION (TYPE: LL)	PL DEPARI IVVISION TALLAH
CERT XX PLAI	N THE FOLLOWING AS PROOF OF FI IFIED COPY N STAMPED COPY IFICATE OF GOOD STANDING	RECEIVED 99 AUG 10 PH 4:00 PARIMENT OF STATE ISON OF CORPORATIONS ALLAHASSEE, FL (PREA LING:

CONTACT PERSON: James Guy

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

ه ۲۴۹ ۶<sup>۳</sup>۹

# 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:

Delaware	3. <u>Applied For</u>
Jurisdiction under the law of which foreig s organized.}	gn limited liability company (FEI number, if applicable)
July 20, 1999	5. Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist o "perpetual")
Upon filing	
(Date first transacted business in Florida.	(See Sections 608.501, 608.502, and 817.155, F.S.)
One Park Plaza, Nashville	TN 37203
<u>One Park Plaza, Nashville,</u> (Street	<u>, TN 37203</u> t address of principal office)
(Street	t address of principal office)
(Street	t address of principal office) dress of each managing member (MGRM) or manager (MG
(Street List name, title, and business add who will manage the foreign limit	t address of principal office) dress of each managing member (MGRM) or manager (MG

9. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or proper official having custody of records in the state under the law of which it is organized. (A photocopy is not acceptable.)



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

The undersigned member or authorized representative of a member of <u>MOB Holdco of Florida</u>. <u>LLC</u>\_\_certifies:

1) the above named limited liability company has at least one member;

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- 2) the total amount of cash contributed by the member is  $\frac{-0}{-1}$
- 3) if any, the agreed value of property other than cash contributed
  by member(s) is : approx. \$2,800,000.00

(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 is <u>approx. \$2,800,000,00</u>

(This total includes amounts from 2 and 3 above.)

Signature of a member or an 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.)

David Denson, Assistant Secretary of Healthtrust, Inc. – The Hospital Company, the sole member of MOB Holdco of Florida, LLC Typed or printed name of signee

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\*Addresses of medical office buildings to be contributed to MOB Holdco of Florida, LLC:

Englewood MOB, 700 Medical Boulevard, Englewood, Florida 34223 Rehab Building, 5731 Bee Ridge Road, Sarasota, Florida 34233

\*Legal descriptions of property are not available at this time.





## **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 TATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

The name of the Limited Liability Company is MOB Holdco of Florida, LLC

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

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 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)

Deborah D. Skipper as its agent

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# State of Delaware Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MOB HOLDCO OF FLORIDA, 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 AUGUST, A.D. 1999. AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE. 



b, dwe

Edward J. Freel, Secretary of State

AUTHENTICATION:

DATE:

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