

# Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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: BLUMBERG/EXCELSIOR CORPORATE SERVICES. INC. Account Name

Account Number: 075350000353 : (212)431-5000 Phone : (212)431-1441 Fax Number

# FLORIDA PROFIT CORPORATION OR P.A.

ST. PAUL'S HEALTHCARE CENTER, INC.

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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 8, 2000

BLUMBERG/EXCELSIOR

SUBJECT: ST. PAUL'S HEALTHCARE CENTER, INC.

REF: W00000012033

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Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 82314

# ARTICLES OF INCORPORATION

#### ~ OF

# ST. PAUL'S HEALTHCARE CENTER. INC.

THE UNDERSIGNED sole incorporator, being a natural person competent to contract and desiring to form a corporation under Title XXXV, Chapter 607, of the Revised Florida Statutes, herewith submits the following information:

- 1. The name of the corporation is ST. PAUL'S HEALTHCARE CENTER, INC.
- 2. The duration of the corporation shall be perpetual.
- 3. The general purpose or purposes for which this corporation is being formed are to include the transaction of any or all lawful business for which corporations may be incorporated under this chapter.
- 4. The aggregate number of shares which the corporation shall have authority to issue is 500 common shares with a par value of \$ 1.00.
- 5. The principal address and mailing address of the corporation will be: 8001 North Dale Mabry Highway, Suite 501C, Tampa, FL 33614 and the name of its initial registered agent at such address is: Sean St. Clair
- 6. The name and address of the sole incorporator is:Flora L. Murillo, c/o
  BlumbergExcelsior Corporate Services, Inc., 62 White Street, 2nd Floor, New
  York, NY 10013

IN WITNESS WHEREOF, the undersigned, as sole incorporator of this corporation.

Dated: May 05, 2000

Flora L. Murilio

Sole Incorporator

H00000025444 1

212-431-5000

62 White Street

New York, NY 10013

May 9 2000 16:49 P.03

BlumbergExcelsior Corporate Services, Inc.

Lax:2124311441

BLUMB CORP SUCS

# ACCEPTANCE OF APPOINTMENT

### AS

### REGISTERED AGENT

I, the undersigned, do hereby accept appointment as Registered Agent for ST. PAUL'S HEALTHCARE CENTER, INC. the within named corporation.

Dated: May 5, 2000

Sean St. Clair

BlumbergExcelsior Corporate Services 62 white Street New York, NY 10013 212-431-5000 H00000025444 1

SECRETARY OF STATE DIVISION OF CORPORATIONS