P06000120879

(Requestor's Name)				
(Address)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(City/State/Zip/Prione #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Dogument Number)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



800079566108

SECRETARY OF STATE DIVISION OF POPER STATE OF ST

09/19/06--01045--010

**78.荒

SUFFICIENCY OF FILING

DEPARTURNT OF STATE
DIVISION OF 19 M III. L.

COVER LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: SAFETY NET HOSPITAL ALLIANCE SERVICE CORPORATION (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an orig	inal and one (1) copy of the artic	les of incorporation and	l a check for:	-	
S70.00 Filing Fee		S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED		
FROM:	Name (PENNINGTON LAW Printed or typed)			
215 SOUTH MONROE STREET, 2ND FLOOR Address					_ - -
-	TALLAHASSEE, FLORIDA 32301 City, State & Zip		.		
_		3533			
	Daytime Telephone number				

NOTE: Please provide the original and one copy of the articles.

SECRETARY OF STATE DIVISION OF COOPERATIONS

ARTICLES OF INCORPORATION OF

SAFETY NET HOSPITAL ALLIANCE SERVICE CORPORATION 06 SEP 19 PM 3: 31

The undersigned hereby makes, subscribes, acknowledges, and files this_certificate for the purpose of becoming a corporation for profit under the laws of the State of Florida:

ARTICLE I

Name

The name of this Corporation shall be SAFETY NET HOSPITAL ALLIANCE SERVICE CORPORATION.

ARTICLE II

Purpose

This Corporation shall be organized for the purposes of engaging in consulting services, and for any other business or purpose which is lawful under the laws of the State of Florida.

ARTICLE III

Agent

The registered agent of this Corporation shall be Mark K. Delegal. The address of the registered agent shall be 215 S. Monroe Street, Second Floor, Tallahassee, Florida 32301.

ARTICLE IV

Existence

This Corporation shall have perpetual existence.

ARTICLE V

Address

The initial street address of the principal office of this Corporation shall be 101 North Gadsden Street, Tallahassee, Florida 32301.

ARTICLE VI

Capital Stock

The authorized capital stock of this Corporation shall consist of One Hundred (100) shares of One Dollar (\$1.00) par value voting common stock.

ARTICLE VII

Preemptive Rights, Cumulative Voting

Holders of the capital stock of the Corporation shall have the preemptive right to purchase any new shares of stock or securities, or rights to acquire stock or securities of the Corporation. Cumulative voting shall not be allowed in the election of its directors or for any other purposes.

ARTICLE VIII

Directors

This Corporation shall have no less than one (1) director nor more than twenty (20) directors. The number on the Board shall be set from time to time by the Board of Directors of the Corporation, or by the stockholders at an annual or special meeting thereof. The name and address of the initial members of the Board of Directors are as follows:

<u>Name</u>	Address
Timothy M. Goldfard	Shands Healthcare 1600 S.W. Archer Road Suite 10217 Gainesville, Florida 32610
Steven Sonenreich	Mt. Sinai Medical Center 7300 Alton Road Miami Beach, Florida 33140
John W. Hillenmeyer	Orlando Regional Healthcare 1414 Kuhl Avenue Orlando, Florida 32806
Ronald A. Hytoff	Tampa General 2 Columbia Drive Suite A109 Tampa, Florida 33606

Marvin O'Quinn	Jackson Memorial Healthcare 1611 N.W. 12 th Avenue West Wing Building, Suite 117 Miami, Florida 33136
Gary A. Carnes	All Children's Hospital 801 6 th Street South St. Petersburg, Florida 33701
Jeff Feasel	Halifax Medical Center 480 Fentress Boulevard Suite K Daytona Beach, Florida 32114
Jim R. Nathan	Lee Memorial Health System 9800 South Health Park Drive Suite 200 Ft. Myers, Florida 33908
Thomas M. Rozek	Miami Children's Hospital 3100 S.W. 62 nd Avenue Miami, Florida 33155
Frank V. Sacco	Memorial Healthcare System 3501 Johnson Street Hollywood, Florida 33021
Alan Levine	North Broward Hospital District 303 Southeast 17 th Street Ft. Lauderdale, Florida 33316
Jim Burkhart	Shands Jacksonville Medical Center 655 West 8th Street Jacksonville, Florida 32209
Steven Johnson	Bay Medical Center 615 North Bonita Avenue Panama City, Florida 32401
Gwen Mackenzie	- Sarasota Memorial Healthcare System 1700 S. Tamiami Trail Sarasota, Florida 34239

ARTICLE IX

Incorporator

The name and address of the Incorporator is: Anthony P. Carvalho, 101 North Gadsden Street, Tallahassee, Florida 32301.

ARTICLE X

Officers

The officers of the Corporation shall be a President and Secretary, and such other officers or agents as may be appointed by the Board of Directors. All officers, agents or employees as may be necessary shall be chosen in such a manner, for such time, and have such duties as may be described by the By-Laws or determined by the Board of Directors. The names and addresses of the initial officers are as follows:

Office _____

Name and Address

President/Treasurer

Anthony P. Carvalho 101 North Gadsden Street Tallahassee, Florida 32301

Secretary

Mark K. Delegal 215 South Monroe Street Second Floor Tallahassee, Florida 32301

ARTICLE XI

Indemnification

The Corporation shall indemnify any person who was or is a party, or is threatened to be made a party, to any threatened, pending or completed action, suit or proceeding, whether civil, criminal, administrative, or investigative, by reason of the fact that he is or was a director, officer, employee, or agent of the Corporation, or is, or was serving at the request of the Corporation as a director, officer, employee, or agent of another corporation, partnership, joint venture, trust, or other enterprise, against expenses (including attorneys' fees, judgments, fines and amounts paid in settlement) actually and reasonably incurred by him in connection with such action, suit or proceeding, including appeals, unless he acted with gross negligence or willful

misconduct. Determination of any action, suit or proceeding by judgment, order, settlement or conviction shall not create a presumption that the person acted with gross negligence or willful misconduct. The determination of whether a person acted within the standard of conduct described above shall be made in one of the following manners:

- i. A majority vote of a quorum of directors who were not parties to the action, suit or proceeding; or
- ii. If a majority of the disinterested directors so requests, by independent legal counsel in a written opinion; or
- iii. If a majority of the disinterested directors so requests, by a qualified independent arbitrator.

Success on the merits in defense of any action, suit or proceeding shall be determinative that the person acted within the necessary standard of conduct and no further determination shall be necessary.

Expenses, including attorneys' fees, incurred in defending a civil or criminal action, suit or proceeding may be paid by the Corporation in advance of the final disposition of such action, suit or proceeding, upon a preliminary determination by the disinterested Board members that the person did not act with gross negligence or willful misconduct, upon receipt of an undertaking by such person to repay such amount upon any ultimate determination that he acted with gross negligence or willful misconduct.

Indemnification as provided hereunder shall continue as to a person who has ceased to be a director, officer, employee, or agent and shall inure to the benefit of his heirs, executors, administrators and assigns.

The Corporation shall have the power to purchase and maintain insurance on behalf of any person who is or was a director, officer, employee, or agent of the Corporation, or is, or was serving at the request of the Corporation as a director, officer, employee or agent of another corporation, partnership, joint venture, trust or other enterprise, against any liability asserted against him and incurred by him in any such capacity, or arising out of the status as such, whether or not the Corporation has the power to indemnify him against such liability under the provision of this section.

ARTICLE XII

This corporation reserves the right to amend or repeal any provision contained in these Articles of Incorporation, or any amendment hereto, by a majority vote of the Board of Directors, and any right conferred upon the shareholders is subject to this reservation.

Anthony P. Carvalho

Incorporator

STATE OF FLORIDA COUNTY OF LEON

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared Anthony P. Carvalho, Incorporator and President/Treasurer of Safety Net Hospital Alliance Service Corporation, known to be and known by me to be the person who executed the foregoing Articles of Incorporation, and he acknowledged before me that he executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have set my hand and seal in the State and County above, this 150 day of henter on, 2006.

Malanca Tacc, Florida, Leor WOTARY PUBLIC, State and County aforesaid

My commission expires: (April 11, 2009



CERTIFICATE OF DESIGNATION REGISTERED AGENT

Pursuant to the provisions of Section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is:

SAFETY NET HOSPITAL ALLIANCE SERVICE CORPORATION

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

> Mark K. Delegal (NAME)

215 S. Monroe Street, Second Floor (P.O. BOX NOT ACCEPTABLE)

> Tallahassee, Florida 32301 (CITY/STATE/ZIP)

> > SIGNATURE:

TITLE:

DATE:

Incorporator

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION 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:

eptember