

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

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if possible*

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

RE-SUBMIT

*Please retain original filing
date of submission 12/16/10*

FLORIDA PROFIT/NON PROFIT CORPORATION
HCA Outpatient Clinic Services of Miami, Inc.

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$70.00 |

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 DEC 17 PM 2:12

RECEIVED

MRB 12/20



December 17, 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: ECA OUTPATIENT CLINIC SERVICES OF MIAMI, INC.
REF: W10000058336

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

An effective date may be added to the Articles of Incorporation if a 2011 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

If you have any further questions concerning your document, please call (850) 245-6879.

Ruby Dunlap
Regulatory Specialist II
New Filing Section

FAX And. #: H10000270055
Letter Number: 610A00029230

COVER LETTER

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

SUBJECT: HCA Outpatient Clinic Services of Miami, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 Filing Fee
☐ \$78.75 Filing Fee & Certificate of Status

☐ \$78.75 Filing Fee & Certified Copy
☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: Ceci Estill
Name (Printed or typed)
One Park Plaza - Legal Department
Address
Nashville, TN 37203
City, State & Zip
615-344-2994
Daytime Telephone number
shirley.scharf@hcahealthcare.com
E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

10 DEC 16 AM 11:47

ARTICLE I NAME

The name of the corporation shall be: HCA Outpatient Clinic Services of Miami, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
One Park Plaza
Nashville, TN 37203

Mailing address, if different from principal office address
SECRETARY OF STATE
TALLAHASSEE FLORIDA
One Park Plaza - Legal Department
Nashville, TN 37203

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: William B. Rutherford, Director
Address: One Park Plaza
Nashville, TN 37203

Name and Title: _____
Address: _____

Name and Title: A. Bruce Moore, Jr., Director
Address: One Park Plaza
Nashville, TN 37203

Name and Title: _____
Address: _____

Name and Title: R. Milton Johnson, Director
Address: One Park Plaza
Nashville, TN 37203

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: CT Corporation System
Address: 1200 South Pine Island Road
Plantation, Florida 33324

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Dora A. Blackwood
Address: One Park Plaza
Nashville, TN 37203

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the responsibility of the registered agent and agree to act in this capacity.

By: Chris McNeary
Required Signature of Registered Agent

12/9/2010
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Dora A. Blackwood
Required Signature/Incorporator

12-9-2010
Date