

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

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From:

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

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

Email Address: \_\_\_\_\_

FLORIDA PROFIT/NON PROFIT CORPORATION  
LAKE NONA HOSPITAL, INC.

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

FILED  
11 FEB - 1 AM 11:17  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

PS 2/2/11

## COVER LETTER

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

SUBJECT: Lake Nona Hospital, 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 Dept.  
Address  
Nashville, TN 37203  
City, State & Zip  
615-344-2994  
Daytime Telephone number  
shirley.sharf@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)

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**ARTICLE I NAME**

The name of the corporation shall be: Lake Nona Hospital, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
One Park Plaza  
Nashville, TN 37203

Mailing address, if different is:  
One Park Plaza - Legal Department  
Nashville, TN 37203

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Any and all lawful purposes.

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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: \_\_\_\_\_

Name and Title: John M. Franck II, 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: C T Corporation System  
Address: 1200 South Pine Island Road  
Plantation, Florida 33324

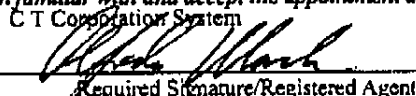
**ARTICLE VII INCORPORATOR**

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 appointment as registered agent and agree to act in this capacity

By:

  
Required Signature/Registered Agent

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.

  
Required Signature/Incorporator

Dora A. Blackwood

Date

1-31-2011