

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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FLORIDA PROFIT/NON PROFIT CORPORATION Citrus Primary Care, Inc.

Certificate of Status	0
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COVER LETTER

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

SUBJECT: Citru	Primary Care, Inc.		
00002017	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
		•	
Enclosed are an o	riginal and one (1) copy of the art	icles of incorporation an	d a check for:
· 🔯 \$70.00	\$78.75	\$78.75	\$87.50
Filing Fee		Filing Fee	Filing Fee,
V U	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of
		ADDITIONAL CO	Status OPY REQUIRED
FROM: _		(Printed or typed)	
_	ne Park Plaza - Legal Dept.	Address	
	•	vaaress	
N	ashville, TN 37203		
	City,	State & Zip	
6	15-344-2994		
_	Daytime To	elephone number	
st	nirley.scharf@hcahealthcare.com		
_	E-mail address: (to be used	for future annual report	otification)

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

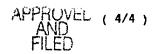
7/25/2014 15:32:41 From: To: 8506176381



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

14 JUL 25 AM 11: 39

	In compliance with Chapter 607	s eithor cuables as t' r.p. (1 tour)
ARTICLE I NA	ME ation shall be: Citrus Primary Care, Inc.	SECRETARY OF S TALLAHASSEE FLO
RTICLE II PR	INCIPAL OFFICE	
	Principal street address	Mailing address, if different is:
One Park Plaza		Box 750
lashville, TN 37203		Nashville, TN 37202
RTICLE III PUI he purpose for which	RPOSE the corporation is organized is: Any and	d all Inwful business
ne number of shares of RTICLE V INI Name and Title	TIAL OFFICERS AND/OR DIRECT William B. Rutherford, Director	Name and Title:
e number of shares of RTICLE V INI Name and Title Address	TIAL OFFICERS AND/OR DIRECT William B. Rutherford, Director One Park Plaza Nashville, TN 37203	;
ne number of shares of RTICLE V INI Name and Title Address	TIAL OFFICERS AND/OR DIRECT William B. Rutherford, Director One Park Plaza Nashville, TN 37203	Name and Title:Address:
ne number of shares of RTICLE V INI Name and Title Address Name and Title	TIAL OFFICERS AND/OR DIRECT William B. Rutherford, Director Cine Park Plaza Nashville, TN 37203	Name and Title:
ne number of shares of RTICLE V INI Name and Title Address	TIAL OFFICERS AND/OR DIRECT William B. Rutherford, Director One Park Plaza Nashville, TN 37203 Donald W. Stinnett, Director	Name and Title: Address:
he number of shares of RTICLE V INI Name and Title Address Name and Title	Fstock is: TIAL OFFICERS AND/OR DIRECT William B. Rutherford, Director One Park Plaza Nashville, TN 37203 Donald W. Stinnett, Director One Park Plaza	Name and Title:
ne number of shares of RTICLE V INI Name and Title Address Name and Title	Fstock is: TIAL OFFICERS AND/OR DIRECT William B. Rutherford, Director e: One Park Plaza Nashville, TN 37203 Donald W. Stinnett, Director One Park Plaza Nashville, TN 37203	Name and Title:
Name and Title Address Name and Title Address	Fstock is: TIAL OFFICERS AND/OR DIRECT William B. Rutherford, Director e: One Park Plaza Nashville, TN 37203 Donald W. Stinnett, Director One Park Plaza Nashville, TN 37203	Name and Title: Address: Name and Title: Address:



14 JUL 25 (森村): 39

Nome	and Title:	lame and Title:	SECRETARY OF STATE TALLAHASSEE FLORIDA
Addre	35	ddress:	· · · · · · · · · · · · · · · · · · ·
•			
		registered agent is:	
Name:	C T Corporation System	, registroited agents Act	
Address:	1200 South Pine Island Road		
	Plantation, FL 33324		
ARTICLE VI.	address of the Incorporator is:		
Name:	Kevin A. Ball		
Address:	One Park Plaza		
	Nashville, TN 37203		
this certificate, .	med as registered agent to accept service of process for am familiar with and accept the appointment as registe CT Corporation System Michael Scraphin	red agent and agree to a	ration at the place designated in act in this capacity 7-25-2014
	Required Signature/Registered Agent	Asst. Boutettay	Date
I submit this do	cument and affirm that the facts stated herein are true Department of State constitutes a third degree felony as	. I am aware that the fi provided for in \$.817.15	nise information submitted in a 55, F.S.
	Pkey G Bay Required Signature/Incorporator		7-25-2014
	Required Signature/Incorporator		Date

Kevin A. Ball