

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

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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

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

Email Address: _____

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

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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APPROVAL
AND
FILED

14 JUL 25 AM 11:39

SECRETARY OF STATE
TALLAHASSEE FL 32399

PROCESSED

14 JUL 25 PM 5:56

SECRETARY OF STATE
TALLAHASSEE FL 32399

60

1/4

COVER LETTER

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

SUBJECT: Citrus Primary Care, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy 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.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.

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

APPROVED (L3/4)
AND
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14 JUL 25 AM 11:39

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: Citrus Primary Care, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

One Park Plaza

Box 750

Nashville, TN 37203

Nashville, TN 37202

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

Name and Title: _____

Address: One Park Plaza

Address: _____

Nashville, TN 37203

Name and Title: Donald W. Stinnott, Director

Name and Title: _____

Address: One Park Plaza

Address: _____

Nashville, TN 37203

Name and Title: John M. Franck II, Director

Name and Title: _____

Address: One Park Plaza

Address: _____

Nashville, TN 37203

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

APPROVED (4/4)
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Name and Title: _____	Name and Title: _____
Address _____	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, FL 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Kevin A. Ball
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: Michael Scraphin Michael Scraphin Asst. Secretary 7-25-2014
CT Corporation System
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.

Kevin A. Ball 7-25-2014
Required Signature/Incorporator Date
Kevin A. Ball