

7/25/2014 15 From: To: 8506176381

Division of Corporations

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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

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****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 Memorial Hospital, Inc.

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

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07/28/14

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Corporate Filing Menu

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COVER LETTER

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

SUBJECT: Citrus Memorial 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$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.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)

ARTICLE I NAME

The name of the corporation shall be: Citrus Memorial Hospital, Inc.

ARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

One Park PlazaBox 750Nashville, TN 37203Nashville, 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 DIRECTORSName and Title: John M. Franck II, Director

Name and Title: _____

Address One Park Plaza

Address: _____

Nashville, TN 37203Name and Title: Samuel N. Hazen, Director

Name and Title: _____

Address One Park Plaza

Address: _____

Nashville, TN 37203Name and Title: Donald W. Stinnett, Director

Name and Title: _____

Address One Park Plaza

Address: _____

Nashville, TN 37203

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TALLAHASSEE, FL 32399

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(cont.)

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: C T Corporation SystemAddress: 1200 South Pine Island RoadPlantation, FL 33324**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: Kevin A. BallAddress: One Park PlazaNashville, 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

C T Corporation System
By: Michael Seraphin Michael Seraphin Asst. Secretary
Required Signature/Registered Agent7-25-2014
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
Required Signature/Incorporator7-25-2014
Date

Kevin A. Ball

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TALLAHASSEE, FLORIDA