

Division of Corporations

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RE-SUBMIT

To:

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

Please retain original filing
date of submission 7/25

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 Property Company, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	0405
Estimated Charge	\$70.00

17 JUL 25 AM 10:05
DIVISION OF CORPORATIONS
STATE OF FLORIDA

B 8/1/14

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

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

SUBJECT: Citrus Property Company, 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.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, P.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: Citrus Memorial Property Management, Inc.**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address

Mailing address, if different is:

One Park Plaza -P.O. Box 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 DIRECTORS**Name 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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DIVISION OF REVENUE

(cont.)

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

CT Corporation System	
By: <u>Michael Scraphin</u> Michael Scraphin Asst. Secretary	<u>7-25-2014</u>
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.

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

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DIVISION OF CORPORATE FILINGS

7/31/2014 16:04:54 From: To: 8506176381

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850-617-6381

7/29/2014 9:54:47 AM PAGE

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Fax Server



July 29, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: CITRUS PROPERTY COMPANY, INC.
REF: W14000046278

14 JUL 31 PM 4:47
TALLAHASSEE, FLORIDA

PROCESSED

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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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

If you have any further questions concerning your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

FAX Aud. #: E14000177341
Letter Number: 314A00016162

RE-SUBMIT

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date of submission 7/25