

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM *pg 192*

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED *pg 192*
AND
FILED

1996 DEC 30 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000000192**

1. Corporation Name

CHARLOTTE REGIONAL MEDICAL CENTER, INC.

Principal Place of Business

~~201 W. MAIN STREET~~
~~LOUISVILLE KY 40202~~

Mailing Address

~~201 W. MAIN STREET~~
~~LOUISVILLE KY 40202~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

One Park Plaza

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Nashville TN

City & State

Zip

37203

Country

USA

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

01/03/1995

5. FEI Number

02-1667692

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$3.75 Additional Fee required for Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<input checked="" type="checkbox"/>	BRAUN, STEPHEN T	201 W. MAIN STREET	LOUISVILLE KY 40202
<input checked="" type="checkbox"/>	GOLBY, DAVID C	201 W. MAIN STREET	LOUISVILLE KY 40202
<input checked="" type="checkbox"/>	SCHWEINHART, RICHARD A	201 W. MAIN STREET	LOUISVILLE KY 40203
D	Braun, Stephen T	One Park Plaza	Nashville TN 37203
D	Donahay, Kenneth C.	One Park Plaza	Nashville TN 37203
D	Elton, Rosalyn S.	One Park Plaza	Nashville TN 37203

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 35324

9. Name and Address of New Registered Agent

Name
CORPORATION SERVICE COMPANY
Street Address (P.O. Box Number is Not Acceptable)
1201 Tenth Street
Suite, Apt. #, Etc.
City
Tallahassee
State
FL
Zip Code
32301

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Heather W. Skisner

Date **12/30/96**

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Stephen T. Braun
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/27/96

Daytime Phone #

1201 HAYS STREET
TALLAHASSEE, FL 32301-2607
904-222-9171
904-222-0393 FAX

800-342-8086

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ACCOUNT NO. : 072100000032

REFERENCE : 204379 5012441

AUTHORIZATION *Patricia Pyjunt*

COST LIMIT : \$ 375.00

ORDER DATE : December 30, 1996

ORDER TIME : 9:53 AM

ORDER NO. : 204379-015

CUSTOMER NO: 5012441

CUSTOMER: Ms. Melinda Lampkin
Columbia/hca Healthcare
1 Park Plaza
P.o. Box 550
Nashville, TN 37202-0550

200002040872--8

DOMESTIC FILINGS

NAME: CHARLOTTE REGIONAL MEDICAL
CENTER, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Daniel W Leggett
EXAMINER'S INITIALS

RECEIVED
96 DEC 30 AM 10:40
DIVISION OF CORPORATION