

P95000000192

Document Number Only

C T CORPORATION SYSTEM

Requestor's Name

1311 Executive Center Drive, ste. 200

Address

Tallahassee, FL 32301 (904) 656-8298

City

State

Zip

Phone

CORPORATION(S) NAME

200001367752

-01/03/95--01093--018

*****70.00 *****70.00

Charlotte Regional Medical Center, Inc

☒ Profit - Acts.

☐ NonProfit

☐ Amendment

☐ Merger

☐ Foreign

☐ Dissolution/Withdrawal

☐ Mark

☐ Limited Partnership

☐ Annual Report

☐ Other

☐ Reinstatement

☐ Reservation

☐ Change of R.A.

☐ Certified Copy

☐ Photo Copies

☐ Fictitious Name

☐ CUS / G/S

☐ Call When Ready

☐ Call If Problem

☐ After 4:30

☒ Walk In

☐ Will Wait

☒ Pick Up

☐ Mail Out

Name
Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

3:00

1-3-75

PLEASE RETURN EXTRA COPY(S)
FILE STAMPED

95 JAN 3 PM 1:07

STATE OF FLORIDA
DIVISION OF CORPORATIONS

CH2E031 (1-89)

KAN 1-3

STATE OF FLORIDA
ARTICLES OF INCORPORATION
OF

CHARLOTTE REGIONAL MEDICAL CENTER, INC.

THE UNDERSIGNED, ACTING AS INCORPORATOR OF A CORPORATION UNDER THE FLORIDA GENERAL CORPORATION ACT, ADOPT THE FOLLOWING ARTICLES OF INCORPORATION:

FIRST: The name that satisfies the requirements of Section 607.0401 is:
CHARLOTTE REGIONAL MEDICAL CENTER, INC.

SECOND: The address of the principal office, and mailing address is:
201 West Main Street, Louisville, Kentucky 40202

THIRD: The aggregate number of shares which the Corporation shall have authority to issue is One Thousand (1,000) shares of common stock at One Dollar (\$1.00) par value.

FOURTH: The street address of the initial registered office of the Corporation is: C/O C T Corporation System, 1200 South Pine Island Road, City of Plantation, Florida 33324; and the name of its initial registered agent at such address is: C T Corporation System.

FIFTH: The number of directors constituting the initial Board of Directors of the Corporation is three (3), and the names and address of the persons who are to serve as directors until the first annual meeting to shareholders or until their successors are elected and shall qualify are:

Stephen T. Braun	201 West Main Street Louisville, KY 40202
------------------	--

David C. Colby	201 West Main Street Louisville, KY 40202
----------------	--

Richard A. Schweinhart	201 West Main Street Louisville, KY 40202
------------------------	--

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN -3 PM 1:07

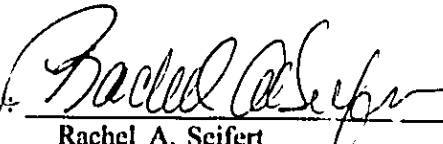
Page Two
Articles of Incorporation
CHARLOTTE REGIONAL MEDICAL CENTER, INC.

SIXTH: The name and address of the incorporator is:

Rachel A. Seifert 201 West Main Street
Louisville, KY 40202

THE UNDERSIGNED HAS EXECUTED THESE ARTICLES OF INCORPORATION
THIS 30TH DAY OF DECEMBER, 1994.

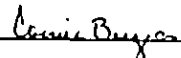
INCORPORATOR:

By: 
Rachel A. Seifert

ACCEPTANCE BY THE REGISTERED AGENT AS REQUIRED IN SECTION
607.0501 (3) F.S.: C T CORPORATION SYSTEM IS FAMILIAR WITH AND ACCEPTS
THE OBLIGATIONS PROVIDED FOR IN SECTION 607.0505.

CT CORPORATION SYSTEM

DATED: December 30th, 1994

By: 
CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY

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

**APPLICATION
FOR
REINSTATEMENT**



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

**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

Mailing Address

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

~~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

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip **37203**

Country **USA**

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

01/03/1985

5. FEI Number

62-1657692

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
B	BROWN, STEPHEN T	201 W. MAIN STREET	LOUISVILLE KY 40202
B	GOLDY, DAVID C	201 W. MAIN STREET	LOUISVILLE KY 40202
B	SCHWENHART, RICHARD A	201 W. MAIN STREET	LOUISVILLE KY 40202
D	Braun, Stephen T	One Park Plaza	Nashville TN 37203
D	Dorahay, 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 33324

9. Name and Address of New Registered Agent

Name
CORPORATION SERVICE COMPANY
Street Address (P.O. Box Number is Not Acceptable)
1201 TARP 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

SIGNATURE REQUIRED

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

12/27/96

Date

Daytime Phone #

1201 HAYS STREET
TALLAHASSEE, FL 32301-2607
904-222-9471
904-222-0393 FAX

800-342-8086

pg 2 of 2



ACCOUNT NO. : 072100000032

REFERENCE : 204379 5012441

AUTHORIZATION *Patricia Pyjot*

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