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

200001367752
-01/03/95--01093--018
*****70.00 *****70.00

CORPORATION(S) NAME

Charlotte Regional Medical Center, Inc

RECEIVED
95 JAN -3 PM 12:28
DIVISION OF CORPORATION

(X) Profit - Acts.
( ) NonProfit
( ) Amendment
( ) Merger
( ) Foreign
( ) Dissolution/Withdrawal
( ) Mark
( ) Limited Partnership
( ) Reinstatement
( ) Annual Report
( ) Reservation
( ) Other
( ) Change of R.A.
( ) Fictitious Name
( ) Certified Copy
( ) Photo Copies
( ) CUS / G/S
( ) Call When Ready
(X) Walk In
( ) Mail Out
( ) Call If Problem
( ) Will Wait
( ) After 4:30
(X) Pick Up

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

3:00
1-3-95

PLEASE RETURN EXTRA COPY(S)
FILE STAMPED

95 JAN 3 PM 1:07
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE

CR2E031 (1-89)

KAN 1-3

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

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 Stre , 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

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

V:\USER\LINDA\WP51DATA\DOCUMENT\ART\CHARLOTT.ART

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED 96192

APPLICATION FOR REINSTATEMENT

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

APPROVED 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
[redacted]	[redacted]

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

REINSTATEMENT

2. New Principal Office Address, if Applicable	3. New Mailing Office Address, if Applicable
One Park Plaza	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City, State: Nashville TN	City & State
Zip: 37203 County: USA	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 01/03/1985

5. FEI Number: 62-1607692. ☐ 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	[redacted]	[redacted]	[redacted]
D	[redacted]	[redacted]	[redacted]
D	[redacted]	[redacted]	[redacted]
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
[redacted]
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 Hays 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 12/27/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (7/96)

1201 Hays Street
Tallahassee, FL 32301-2607
904-222-9171
904-222-0393 FAX

800-342-8686

pg 2 of 2

CSC networks
PRENTICE HALL
LEGAL & FINANCIAL SERVICES

ACCOUNT NO. : 072100000032

REFERENCE : 204379 5012441

AUTHORIZATION Patricia Pyjut

COST LIMIT : $ 375.00

ORDER DATE : December 30, 1996

ORDER TIME : 9:53 AM

ORDER NO. : 204379-015

CUSTOMER NO: 5012441

200002040872--8

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

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