				XM
Document bumber Diffiy	500	1/3	30	
e t corporation system				
660 East Jefferson Street				
Requestor's Name	·			
<u>Tallahassee</u> , <u>Florida 32301</u> Address				
(850) 222-1092		5	3 0000242 30000242	269651 01076011
City State Zip	Phone		*****70.	00 *****70.00
CORPORATIO	ON(S) NAME			
			ACE	9 9
			AH	
			<u>حرن</u> 	5 5
7.	enet Healthsups	ten Hernando,	Dr. mg	
	- /-	, ,	.101.	<u> </u>
() Profit- less. (1) NonProfit	() Amendm	ent	() Merger	
() Limited Liability Compar () Foreign		on/Withdrawal	() Mark	
() Foreign	() Dissolution	or ity with ith awai	() Wark	
() Limited Partnership	() Annual R	•	() Other	€ □ ∧
() Reinstatement () Limited Liability Partner () Partner () Limited Liability Partner ()	() Fict. F.	iling	() Change o	т н.д. UCC-3
() Certified Copy	() Photo Co	pies	() CUS	
() Call When Ready	() Call if Pro	oblem	() After 4:30	0
Walk In() Mail Out	() Will Wait		Pick Up	98 FE
Name			Please Retur	n Extra Copy(s)
Availability \ \ Q	EPD 4 a second		Filed Stamp	
Document Examiner	FEB 1 0 1998		Thanks, Mela	mie 🛞
Updater			4710	
Verifier			* *	•
Acknowledgment				
W.P. Verifiér				
CR2E031 (1-89)				•

STATE OF FLORIDA

ARTICLES OF INCORPORATION

OF

TENET HEALTHSYSTEM HERNANDO, INC.

98 FEB 10 PH 3:
SECRETARY OF STA

FIRST: THE CORPORATE NAME THAT SATISFIES THE REQUIREMENTS € SECTION 607.0401 IS: TENET HEALTHSYSTEM HERNANDO, INC.

SECOND: THE STREET ADDRESS OF THE INITIAL PRINCIPAL OFFICE AND, IF DIFFERENT, THE MAILING ADDRESS OF THE CORPORATION IS: 3820 STATE STREET, SANTA BARBARA, CA 93105.

THIRD: THE NUMBER OF SHARES THE CORPORATION IS AUTHORIZED TO ISSUE IS: ONE THOUSAND.

FOURTH: THE STREET ADDRESS OF THE INITIAL REGISTERED OFFICE OF THE CORPORATION IS <u>C/O C T CORPORATION SYSTEM</u>. 1200 SOUTH PINE ISLAND ROAD, CITY <u>OF PLANTATION</u>, FLORIDA 33324, AND THE NAME OF ITS REGISTERED AGENT AT SUCH ADDRESS IS <u>C T CORPORATION SYSTEM</u>.

FIFTH: THE NUMBER OF DIRECTORS CONSTITUTING THE INITIAL BOARD OF DIRECTORS OF THE CORPORATION IS ONE, AND THE NAMES AND ADDRESSES OF THE PERSONS WHO ARE TO SERVE AS DIRECTORS UNTIL THE FIRST ANNUAL MEETING OF SHAREHOLDERS OR UNTIL THEIR SUCCESSORS ARE ELECTED AND SHALL QUALIFY ARE:

Scott M. Brown

3820 State Street, Santa Barbara, CA 93105

SIXTH: THE NAME AND ADDRESS OF EACH INCORPORATOR IS:

Michelle Quinn

3820 State Street, Santa Barbara, CA 93105

THE UNDERSIGNED HAS (HAVE) EXECUTED THESE ARTICLES OF INCORPORATION
THIS 6th DAY OF February, 1998.

SIGNATURE/TITLE

Michelle

Quinn,

Sole

Incorporator

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.

C T CORPORATION SYSTEM

DATED 2-9

, 199 f.

BY D7 Hecky

D.F. HICKEY

(TYPE NAME OF OFFICER)

ASST. SECY

(TITLE OF OFFICER)

