

686377

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

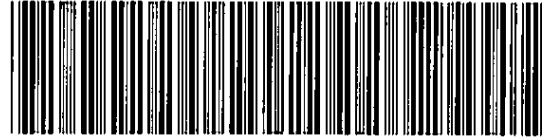
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300331080333



# HOSPITAL CORPORATION of AMERICA

One Park Plaza  
Post Office Box 550  
Nashville, Tennessee 37202  
(615) 327-9551

9/4 BR

# 686377

FILED  
SEP 3 11 18 AM '80  
SECRETARY OF STATE  
TALLHASSEE, FLORIDA

Corporation Division, Charter Section  
Capitol Building  
Tallahassee, Florida 32301

6000	9/24/80	800377
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6000	9/24/80	800377

Gentlemen:

BR R93279

RE: Tallahassee Medical Center, Inc.

Enclosed are duplicate Articles of Incorporation for the above-named corporation, Acceptance of Appointment by Registered Agent, and our check for \$48.00.

Please forward Certificate of Incorporation to my attention at the above address.

Sincerely,

*Bettye Daugherty*  
Bettye Daugherty  
Paralegal

BDD:nm

Enclosure

C. TAX	_____	\$30
FILING	_____	15
R. AGENT	_____	3
TOTAL	_____	\$48
BALANCE DUE \$	_____	
REFUND \$	_____	

*Dmc*  
9-3-80

RECEIVED  
SECRETARY OF STATE  
REVENUE  
00906 AUG 28 80

A-1755

686377

ARTICLES OF INCORPORATION  
OF  
TALLAHASSEE MEDICAL CENTER, INC.

SEP 3 11 18 AM '08  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

WE, THE UNDERSIGNED, hereby agree to organize a corporation under laws of the State of Florida with Articles of Incorporation as follows:

FIRST: The name of the corporation is TALLAHASSEE MEDICAL CENTER, INC.

SECOND: The general nature of the business or businesses to be transacted is as follows:

The general nature of the business to be transacted by this corporation is the management of general hospitals and the building, leasing, owning and operation of private general hospitals and including, but not limited to, pharmacies, psychiatric care facilities, medical office buildings, beauty shops, book stores, flower and gift stores, in connection with said management, building, leasing, ownership and operation of hospitals. The foregoing notwithstanding, this corporation may engage in any activity or business permitted under the laws of the United States and of the State of Florida and may exercise those powers as enumerated in § 608.13 of the Florida General Corporation Law as presently in force or as may be amended.

To manufacture, purchase or otherwise acquire, invest in, own, mortgage, pledge, sell, assign and transfer or otherwise dispose of, trade, deal in and deal with goods, wares and merchandise and personal property of every class and description.

To make and enter into all contracts necessary and proper for the conduct of the business of the corporation; to purchase the corporate assets of any other corporation and engage in the same character of business; and to take, hold, sell and convey such property as may be necessary in order to obtain or secure payment of any indebtedness or liability to the corporation.

To contract debts and borrow money at such rates of interest not to exceed the lawful interest rate and upon such terms as the corporation, or its board of directors, may deem necessary or expedient and shall authorize or agree upon, issue and sell bonds, debentures, notes and other evidences of indebtedness, whether secured or unsecured, and execute such mortgages, or other instruments upon or encumbering its property or credit to secure the payment of money

11753

borrowed or owing by it, as occasion may require and the board of directors deem expedient.

To acquire, enjoy, utilize, and dispose of patents, copyrights and trade marks and any licensed or other rights or interests thereunder or therein.

To guarantee, endorse, purchase, hold, sell, transfer, mortgage, pledge or otherwise dispose of the shares of the capital stock of, or any bonds, securities or other evidences of indebtedness created by any other corporation of this state or any other state or government; while owner of such stock to exercise all the rights, powers and privileges of ownership, including the right to vote such stock.

To conduct business, have one or more offices in, and buy, hold, mortgage, sell, convey, lease, or otherwise dispose of real and personal property, and buy, hold, mortgage, sell, convey, or otherwise dispose of franchises in this state and in any of the several states, territories, possessions and dependencies of the United States, the District of Columbia, and in foreign countries.

To do all and everything necessary and proper for the accomplishment of the objects enumerated in these Articles of Incorporation or necessary or incidental to the benefit and protection of the corporation, and to carry on any lawful business necessary or incidental to the attainment of the objects of the corporation whether or not such business is similar in nature to the objects enumerated in these Articles of Incorporation.

In general, to carry on any other business in connection with the foregoing, and to have and exercise all the powers conferred by the laws of Florida upon corporations formed under the laws of the State of Florida, and to do any or all of the things hereinbefore set forth to the same extent as natural persons might or could do.

The objects and purposes specified in the foregoing clauses shall, except where otherwise expressed, be in nowise limited or restricted by reference to, or inference from, the terms of any other clause in these Articles of Incorporation, but the objects and purposes specified in each of the foregoing clauses of these Articles shall be regarded as independent objects and purposes.

THIRD: The amount of capital stock authorized is One Thousand Dollars (\$1,000.00) and the maximum number of shares that the corporation is authorized to issue is one thousand (1,000) shares of the par value of One Dollar (\$1.00) each.

FOURTH: The amount of capital with which the corporation will begin business is One Thousand Dollars (\$1,000.00).

FIFTH: The corporation is to have perpetual existence.

1-1753

SIXTH: The street address of the registered office of the corporation in Florida is 300 East Park Avenue, Tallahassee, Leon County, Florida 32301, c/o The Prentice-Hall Corporation System, or at such other place within the state as the Board of Directors from time to time by appropriate action, shall determine.

SEVENTH: The number of directors of the corporation shall be three (3).

EIGHTH: The names and street addresses of the members of the first Board of Directors, who shall hold office for the first year of existence of the corporation or until their successors are elected or appointed and have qualified, are:

DIRECTORS

STREET ADDRESSES

Donald S. MacNaughton

One Park Plaza, Nashville, TN 37203

Thomas F. Frist, Jr.

One Park Plaza, Nashville, TN 37203

R. Clayton McWhorter

One Park Plaza, Nashville, TN 37203

The number of directors may be increased or diminished from time to time, by Bylaws adopted by the stockholders, but shall never be less than three (3). The stockholders shall have the power at any special or regular meeting to remove a director at any time without cause by a majority vote and may fill the vacancy thereby created in a like manner.

NINTH: The name and street address of each subscriber of the Articles of Incorporation are as follows:

INCORPORATORS

STREET ADDRESSES

Jean L. Byassee

One Park Plaza, Nashville, TN 37203

John W. Wade, Jr.

One Park Plaza, Nashville, TN 37203

Bettye D. Daugherty

One Park Plaza, Nashville, TN 37203

TENTH: In furtherance and not in limitation of the powers conferred by statute, the Board of Directors is expressly authorized:

To adopt or amend Bylaws not inconsistent with any Bylaws that may have been adopted by the stockholders.

To fix the amount to be reserved as working capital over and above its capital stock paid in.

To authorize and cause to be executed mortgages or other instruments upon or encumbering the real and personal property of the corporation.

From time to time to determine whether and to what extent, and at what time and places, and under what considerations and what regulations, the accounts and books of this corporation, (other than stock books), or any of them, shall be open to inspection by the stockholders; and no stockholder shall have any right of inspecting any account, book or document of this corporation except as conferred by statute, unless authorized by a resolution of the stockholders or directors.


1-1753

Pursuant to the affirmative vote of the stockholders of record holding stock in the corporation entitling them to exercise at least a majority of the voting power, given at a stockholders' meeting duly called for that purpose or when authorized by the written consent of stockholders of record holding stock in the corporation entitling them to exercise at least a majority of the voting power, the Board of Directors shall have the power and authority at any meeting to sell, lease, or exchange all the property and assets of this corporation, including its goodwill and its corporate franchises, or any property or assets essential to the business of the corporation, upon such terms and conditions as the Board of Directors deem expedient.

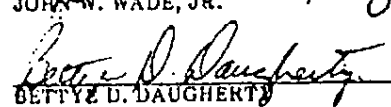
ELEVENTH: Both stockholders and directors shall have the power, if the Bylaws so provide, to hold their meetings within or without the State of Florida, and to keep the books of this corporation (subject to the provisions of the statute), outside of the State of Florida in such places as may be from time to time designated by the Board of Directors.

TWELFTH: These Articles of Incorporation may be amended in the manner provided by law. Every amendment shall be approved by the Board of Directors, proposed by them to the stockholders, and approved at a stockholders' meeting by a majority of the stock entitled to vote thereon, unless all the directors and all the stockholders sign a written statement manifesting their intention that a certain amendment of these Articles of Incorporation be made.

WE, THE UNDERSIGNED, being all of the subscribers hereinbefore named, for the purpose of forming a corporation, do subscribe and acknowledge these Articles of Incorporation, hereby declaring and certifying that the facts herein stated are true, and accordingly, have hereunto set our hands this 25<sup>th</sup> day of August, 1930.

  
JEAN L. BYASSEE

  
JOHN W. WADE, JR.

  
BETTYE D. DAUGHERTY

1-1755

STATE OF TENNESSEE )  
COUNTY OF DAVIDSON )

I hereby certify that on this 25th day of August, 1980, before me a Notary Public in and for Davidson County, Tennessee, the above-named JEAN L. BYASSE, JOHN W. WADE, JR., and BETTYE D. DAUGHERTY, to me known and known to be the persons described in and who executed the foregoing Articles of Incorporation, and severally acknowledged before me that they executed the same and that the facts therein stated are truly set forth.

WITNESS my hand and official seal in the county and state last aforesaid this 25th day of August, 1980.

Mason C. Manning  
Notary Public

My Commission Expires: April 22, 1984

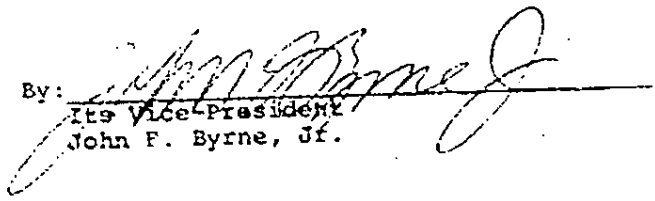
ACCEPTANCE OF APPOINTMENT BY REGISTERED AGENT

TALLAHASSEE MEDICAL CENTER, INC.

Pursuant to the provisions of the Florida General Corporation Act, the undersigned does hereby accept its appointment as registered agent on which process may be served within the State of Florida for the proposed domestic corporation named above.

The Prentice-Hall Corporation System, Inc.

By:



~~Its Vice-President~~  
John F. Byrne, Jr.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
SEP 3 11 18 AM '80

FILED

4-1753



DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

CORPORATION  
ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE  
REGISTRATION  
DIVISION OF STATE  
CORPORATIONS

1981

THIS REPORT MUST BE ACCOMPANIED BY A FEE

READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES  
PLEASE STAPLE CHECK TO ANNUAL REPORT

686377  
TALLAHASSEE MEDICAL CENTER, INC.  
C/O THE PRENTICE-HALL CORP. SYSTEM, INC.  
300 EAST PARK AVENUE  
TALLAHASSEE, FLORIDA

32301

2626 Capital Medical Blvd.  
Tallahassee  
FL 32308

9/03/1980

62-1091430

First Report

MACHNAUGHTON, DONALD S.	D	ONE PARK PLAZA	NASHVILLE, TN
FRIST, JR., THOMAS E.	O	ONE PARK PLAZA	NASHVILLE, TN
MCWHOPPER, R. CLAYTON	D	ONE PARK PLAZA	NASHVILLE, TN
KOWN, CHARLES L.	S.	ONE PARK PLAZA	NASHVILLE, TN
BROOKS, SAM A.	T	ONE PARK PLAZA	NASHVILLE, TN
MICK, ROGER E.	V	ONE PARK PLAZA	NASHVILLE, TN

Registered Agent Information

THE PRENTICE-HALL CORPORATION-SYSTEM, INC.

300 EAST PARK AVENUE

TALLAHASSEE, FLORIDA

32301

To change the Registered Agent of the Corporation, the Registered Agent must sign and return to the Department of State a form created by the Department and filed with the Department of State at a fee of \$3.

See signature restriction, under instructions on reverse side of this form.

I hereby certify that the above is the true and correct copy of the Report of the Corporation for the year ending 1980 as required by the Department of State. My signature on this Report and the name of the Registered Agent of the Corporation are the same as on the Report of the Corporation for the year ending 1979.

Roger E. Mick

Vice President

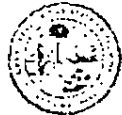
(615) 327-9551

*Roger E. Mick*  
MS 6-30 81

686377 66-29-51-23-81 452 10.00

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

CORPORATION  
ANNUAL REPORT  
**1982**



George F. Restone  
Secretary of State

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED

FEB 13 4 02 PM '82

Read Notice and Instructions on Other Side Before Making Entries  
Filing Fee of \$10 Required — Make Checks Payable To: Secretary of State

1 Name and Address of Corporation Principal Office  
**686377**  
**TALLAHASSEE MEDICAL CENTER, INC.**  
**C/O THE PRENTICE-HALL CORP. SYSTEM, INC.**  
**2626 CAPITAL MEDICAL BLVD**  
**TALLAHASSEE, FLORIDA 32301**

2 Enter Change of Address of Corporation Principal Office, P.O. Box Number, Alone is NOT Sufficient

Street Address \_\_\_\_\_  
 P.O. Box No. 008-0740-5414/82 19-90  
 City 008-0740-5414/82 19-90  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_

3 Date Incorporated or Qualified To Do Business in Florida 09/03/1980 4 Federal Employer Identification Number (EIN) 69-1091430 5 Date of Last Report 06/30/1982

6 Name and Street Address of Each Officer and Director

Name of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT use Post Office Box Numbers)	City and State
MACNAUGHTON, DONALD S.	D	ONE PARK PLAZA	NASHVILLE, TN
FRIST JR., THOMAS E.	D	ONE PARK PLAZA	NASHVILLE, TN
MCMORTER, R. CLAYTON	D	ONE PARK PLAZA	NASHVILLE, TN
KOWN, CHARLES	S	ONE PARK PLAZA	NASHVILLE TN
BROOKS, SAM A	T	ONE PARK PLAZA	NASHVILLE TN
HICK, ROGER E.	V	ONE PARL PLAZA	NASHVILLE TN
Fish, Donald W.	V	One Park Plaza	Nashville TN
Williamson, David G.	V	One Park Plaza	Nashville TN
Martin Jr., Charles N.	V	One Park Plaza	Nashville TN
McKnight, Paul J.	V	825 Thomasville Road	Tallahassee FL
White, William G.	V	One Park Plaza	Nashville TN
Frist Jr., Thomas E.	P	One Park Plaza	Nashville TN

Registered Agent Information

7 Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM**  
**300 EAST PARK AVENUE**  
**TALLAHASSEE, FLORIDA 32301**

8 Name and Address of New Registered Agent  
 Name \_\_\_\_\_  
 Street Address (Do NOT use P.O. Box Numbers) \_\_\_\_\_  
 City, State and Zip Code \_\_\_\_\_

**SP 5-13-82**

9 Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, I, the undersigned, controller, organized under the laws of the State of Florida, this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Such change was authorized by resolution or duly attested by its board of directors on \_\_\_\_\_

SIGNATURE Edgar M. Moore, Florida Secretary DATE 5-13-82  
 (Print or Typed Name of Registered Agent)

**\$3.00 additional fee required for Registered Agent changes.**

10 See signature restrictions under instructions on reverse side of this form

11 Certify That: Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S.  
 I Further Certify That: Understand My Signature On This Report Shall Have the Same Legal Effect As if Made Under Oath.

Signature Paul J. McKnight Date 2/22/82  
 Title Vice President Telephone Number 904/ 222-1990

CORP-011414

DIVISION OF CORPORATIONS

NAME Janie Varnum, Peeples, Earl, Moore & Blank

ADDRESS Post Office Box 1169

CITY Tallahassee STATE Florida ZIP CODE 32302

AREA CODE & PHONE NUMBER 904-222-5510

NAME OF CORPORATION Tallahassee Medical Center, Inc

FOR OFFICE USE ONLY

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> DOMESTIC            | <input type="checkbox"/> AMENDMENT                      | <input type="checkbox"/> SEARCH         |
| <input type="checkbox"/> FOREIGN             | <input type="checkbox"/> DISSOLUTION                    | <input type="checkbox"/> MERGER         |
| <input type="checkbox"/> PROFIT              | <input type="checkbox"/> REINSTATEMENT                  | <input type="checkbox"/> MARK           |
| <input type="checkbox"/> NON-PROFIT          | <input checked="" type="checkbox"/> ANNUAL REPORT       | <input type="checkbox"/> RESERVATION    |
| <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> CERTIFICATE UNDER SEAL         | <input type="checkbox"/> CERTIFIED COPY |
| <input type="checkbox"/> QUALIFICATION       | (with date of incorporation and Good Standing)          | <input type="checkbox"/> OTHER          |
| <input type="checkbox"/> INCORPORATION       | <input type="checkbox"/> RESIGNATION OF AGENT or CHANGE | <input type="checkbox"/> PRINTOUT       |
| <u>WALK IN</u>                               | <input type="checkbox"/> PHOTOCOPIES                    | <input type="checkbox"/> MICROFICHE     |
|  |   | <input type="checkbox"/> REGISTRATION   |

- USCC
- PHCS
- OTHER

*Please return extra copy of report file stamped.*

PICKED UP

SP 5-13-82

5-14-82

686377

STATEMENT OF CHANGE OF REGISTERED  
OFFICE BY REGISTERED AGENT

OF

TALLAHASSEE MEDICAL CENTER, INC.

To the Secretary of State  
of the State of Florida

Pursuant to the applicable provisions of the Florida  
General Corporation Act, the undersigned registered agent,  
submits the following statement for the purpose of changing  
the registered office of the captioned corporation, in the  
State of Florida.

FIRST: The name of the corporation is  
TALLAHASSEE MEDICAL CENTER, INC.

SECOND: The address of its present registered office  
is 306 East Park Avenue, Tallahassee, Florida 32301.

THIRD: The address to which the registered office  
of such corporation is to be changed is:

306 East College Avenue  
Tallahassee, Florida 32301

FOURTH: The name of the registered agent of such  
corporation is The Prentice-Hall Corporation System, Inc.

FIFTH: The address of the registered office and  
the address of the business office of the registered agent,  
as changed, of such corporation will be identical.

SIXTH: The last known address of the corporation is  
c/o Hospital Corp. of America  
Att: Diane Johnson, Tax Department  
P.O. Box 550  
Nashville, Tennessee 37202

SEVENTH: A copy of this statement has been mailed  
to the corporation at the last known address stated above.

Dated: August 30, 1982

THE PRENTICE-HALL CORPORATION SYSTEM, INC.

BY John F. Byrne, Jr.  
John F. Byrne, Jr. Vice-President

RECEIVED  
AUG 31 1982  
STATE OF FLORIDA

BB9-13

DUPLICATE ON REAR IS READY AND ON QUALITY PAPER JULY 1983 FROM FLA

CORPORATION  
ANNUAL REPORT

1983



DIVISION OF CORPORATIONS

George F. Tompkins  
Secretary of State

Jul 11 3 25 AM 1983

Read Notice and Instructions on Other Side Before Making Entries  
Filing Fee of \$10 Required — Make Checks Payable To: Secretary of State

0888377  
TALLAHASSEE MEDICAL CENTER, INC.  
C/O THE PRENTICE-HALL CORP. SYSTEM, INC.  
2626 CAPITAL MEDICAL BLVD  
TALLAHASSEE, FLORIDA 32301

c/o IICA Tax Dept.  
One Park Plaza

Box 550

Nashville

TN 37202

09/03/1980

62-1091430

05/13/1982

Name	Code	Address	City/State
MAENAUGHTON, DONALD S.	O	ONE PARK PLAZA	NASHVILLE, TN
FRIST JR, THOMAS E.	P	ONE PARK PLAZA	NASHVILLE, TN
MCWHOPPER, R. CLAYTON	O	ONE PARK PLAZA	NASHVILLE, TN
KOWN, CHARLES	S	ONE PARK PLAZA	NASHVILLE TEN
BROOKS, SAM A.	T	ONE PARK PLAZA	NASHVILLE TN
MICK, ROGER E.	V	ONE PARK PLAZA	NASHVILLE TN
Tobin, John H.	P/D	One Park Plaza	Nashville TN
Williamson, David G.	D	One Park Plaza	Nashville TN

Registered Agent Information

THE PRENTICE-HALL CORPORATION SYSTEM,  
306 EAST COLLEGE AVENUE  
TALLAHASSEE, FLORIDA 32301

\$3.00 additional fee required for Registered Agent changes.

When an officer or director of the Corporation, the Registered Agent or the Secretary of the Corporation is changed, the Corporation must file a Statement of Changes with the Secretary of State. A fee of \$3.00 is required for each change.

*Roger E. Mick*

Roger E. Mick

Vice President

6-29-83

615/327-9551

686377

STATEMENT OF CHANGE OF REGISTERED OFFICE BY REGISTERED AGENT  
OF

TALLAHASSEE MEDICAL CENTER, INC.

To the Secretary of State  
of the State of Florida

Pursuant to the applicable provisions of the Florida General Corporation Act, the undersigned registered agent submits the following statement for the purpose of changing the registered office of the captioned corporation in the State of Florida.

FIRST: The name of the corporation is  
TALLAHASSEE MEDICAL CENTER, INC.

SECOND: The address of its present registered office is  
306 East College Avenue, Tallahassee, Florida 32301.

THIRD: The address to which the registered office of such corporation is to be changed is  
c/o The Prentice-Hall Corporation System, Inc.  
Suite 420 Lewis State Bank Building  
Tallahassee, Florida 32301

FOURTH: The name of the registered agent of such corporation is The Prentice-Hall Corporation System, Inc.

FIFTH: The address of the registered office and the address of the business office of the registered agent, as changed, of such corporation will be identical.

SIXTH: The last known address of the corporation is  
TALLAHASSEE MEDICAL  
CENTER, INC.  
INDUSTRIAL CORP. OF AMERICA  
DIANE JIMMISON, TAX 0521.  
P.O. BOX 550  
NASHVILLE, TN 37202

SEVENTH: A copy of this statement has been mailed to the corporation at the last known address stated above.

Dated: July 25, 1983

THE PRENTICE-HALL CORPORATION SYSTEM, INC.

BY Charles W. Forenberg  
Charles W. Forenberg, President

BJK AUG 4 1983

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA  
AUG 3 11 27 AM '83  
FILED

DUPLICATE DATE ON OR AFTER JANUARY 1 DELIVERED AFTER DECEMBER 31 OF THE YEAR OF REPORT

CORPORATION  
ANNUAL REPORT  
**1984**



FLORIDA DEPARTMENT OF STATE  
George Firestone  
Secretary of State  
DIVISION OF CORPORATIONS

Jan 11 1985

Read Notice and Instructions on Other Side Before Making Entries  
Filing Fee of \$10 Required — Make Checks Payable To: *Secretary of State*

1. Name and Address of Corporation Principal Office		2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Above is NOT Sufficient	
689377 TALLAHASSEE MEDICAL CENTER, INC. C/O HCA TAX DEPT ONE PARK PLAZA NASHVILLE, TN		Street Address	
BOX 550 37202		P.O. Box No.	
If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.		City	
		State	

3. Date Incorporated or Qualified To Do Business in Florida	09/03/1980	4. Federal Employer Identification Number (EIN)	2-1091430	5. Date of Last Report	07/11/1983
---	------------	---	-----------	------------------------	------------

6. Names and Street Addresses of Each Officer and Director, as of December 31, 1983			
Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Number)	City and State
MCHORTER, R. CLAYTON	D	ONE PARK PLAZA	NASHVILLE, TN
WILLIAMSON, DAVID G. Jr.	D/V	ONE PARK PLAZA	NASHVILLE, TN
HICK, ROGER E.	V	ONE PARK PLAZA	NASHVILLE, TN
TOBIN, JOHN H. Jr.	P/D	ONE PARK PLAZA	NASHVILLE, TN
ROWN, CHARLES	S	ONE PARK PLAZA	NASHVILLE, TN
BROOKS, SAM A.	T	ONE PARK PLAZA	NASHVILLE, TN

7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent	
THE PRENTICE-HALL CORPORATION SYSTEM STE. 420 LEWIS STATE BANK BLDG TALLAHASSEE, FLORIDA 32303		Name	
		Street Address (Do NOT Use P.O. Box Number)	
		City, State and Zip Code	

I, Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits this statement for the purpose of changing its registered officer or registered agent, or both, in the state of Florida.

Such change was authorized by resolution duly adopted by its board of directors on \_\_\_\_\_.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment)

**\$3.00 additional fee required for Registered Agent changes.**

See signature restrictions under instructions on reverse side of this form.

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S.  
Further Certify That My Signature On This Report Shall Have the Same Legal Effects As if Made Under Oath.

Signature <i>Roger E. Mick</i>	Date 6-29-84
Print Name of Signing Officer Roger E. Mick	Title Vice President
	Telephone Number 615/327-9551

Should you desire a certificate of status check the box below and include an additional \$5.00 with your payment.

CERTIFICATE OF STATUS DESIRED

All other fees and instructions apply.

3  
0  
2  
8  
V  
0  
6  
8  
0

Hospital Organization of America  
100 Park Plaza  
Nashville, Tennessee 37203  
662-1091430



ADDITIONAL LIST OF OFFICERS AND DIRECTORS

662-1091430

OFFICERS:	Donald W. Fish	Vice President
	Charles N. Martin, Jr.	Vice President
	Paul J. McKnight	V.P. of Operations
	Bettye D. Daugherty	Secretary
	Charles L. Kown	Asst. Secretary
	John W. Wade, Jr.	Asst. Secretary
	Claudia W. Dickerson	Asst. Secretary
	Richard H. Knight, Jr.	Asst. Secretary
	Ronald P. Soltman	Asst. Secretary
	Charles A. Schliebs	Asst. Secretary
	Samuel H. Howard	Treasurer

\*The address for the above officers is:  
One Park Plaza  
Nashville, Tennessee 37203



60 DAY NOTICE OF INTENT TO DISSOLVE

CORPORATION  
ANNUAL REPORT  
1985



Secretary of State  
DIVISION OF CORPORATIONS

JUN 26 2 42 PM '85

Read Notice and Instructions on Other Side Before Making Entries  
Filing Fee of \$20 Required — Make Checks Payable To: Secretary of State  
TALLAHASSEE, FLORIDA

Name and Address of Corporation Principal Office:  
 1 686377  
 3 TALLAHASSEE MEDICAL CENTER, INC.  
 C/O HCA TAX DEPT  
 ONE PARK PLAZA  
 NASHVILLE, TN BOX 550  
 37202

2 Enter Change of Address of Corporation Principal Office P.O. Box Number Alone is NOT Sufficient  
 Street Address of Principal Office  
 P.O. Box No.  
 City and State  
 Zip Code

3 Federal Employer Identification Number FEIN 42-1091430

4 Date of Last Report 07/13/1984

5 Name and Street Address of Each Officer and Director, as of December 31, 1984

1 Name of Officers and Directors	2 Title	3 Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4 City, State and Zip Code
MCMORTER, R CLAYTON	D	ONE PARK PLAZA	NASHVILLE, TN 37203
WILLIAMSON, DAVID G JR.	D/V	ONE PARK PLAZA	NASHVILLE, TN 37203
MICK, ROGER E	V	ONE PARK PLAZA	NASHVILLE, TN 37203
TOBIN, JOHN H JR.,	P/O	ONE PARK PLAZA	NASHVILLE, TN 37203
DAUGHERTY, BETTYE D	S	ONE PARK PLAZA	NASHVILLE, TN 37203
HOWARD, SAMUEL H	T	ONE PARK PLAZA	NASHVILLE, TN 37203

Registered Agent Information

7 Name and Address of Current Registered Agent  
 THE PRENTICE-HALL CORPORATION SYSTEM,  
 STE. 430  
 LEWIS STATE BANK BLDG  
 TALLAHASSEE, FLORIDA 32301

8 Name of New Registered Agent  
 Street Address (Do NOT Use P.O. Box Number)  
 City and State  
 Zip Code

I, pursuant to the provisions of Sections 607.004 and 607.007, Florida Statutes, the above-named corporation, organized under the laws of the State of Florida, submit this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. Such change was authorized by resolution duly adopted by its board of directors on 6/26/85.

I hereby accept the appointment of registered agent, I am familiar with, and accept the obligations of Section 607.025 F.S.

SIGNATURE (Registered Agent Accepting Appointment) DATE

\$3.00 additional fee required for Registered Agent changes.

I certify that I am an Officer of the Corporation, the Receiver or Trustee Empowered by Exercise This Report as Required by Chapter 607 F.S. My Signature on This Report Shall Have the Same Legal Effects as if Made Under Oath (Officer Signing must be listed in Block 6)

Name of Signing Officer: Bettye D. Daugherty  
 Title: Secretary  
 Telephone Number: 615/327-9551

\$5 additional fee required for a Certificate of Status

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DUE DATE ON OR AFTER JANUARY 1 DELINQUENT AFTER JULY 1 OF EACH YEAR

CORPORATION:  
ANNUAL REPORT  
1986



FLORIDA DEPARTMENT OF STATE  
Gouverneur F. S. Foster  
Secretary of State  
DIVISION OF CORPORATIONS

JUN 30 11 50 AM '86

Read Notice and Instructions on Other Side Before Making Entries  
Filing Fee of \$20 Required - Make Checks Payable To: Secretary of State

1 Name and Address of Corporation Principal Office:  
626377  
TALLAHASSEE MEDICAL CENTER, INC.  
5-3 MEA-TAX DEPT  
ONE PARK PLAZA  
NASHVILLE, TN 37202

2 Enter Change of Address of Corporation Principal Office, P.O. Box Number, Also (Do NOT Use Post Office Box Number):  
Street Address 71  
P.O. Box No. 72  
City and State 23  
Zip Code 24

3  
BOX 550

If above address is incorrect in any way, enter the correct address in item 1. Include Zip Code.

20000 P

4 Date Incorporated or Qualified: 09/03/1980  
5 Date of Last Report: 07/25/1985  
6 Federal Employer Identification Number (EIN): 62-1091430

7 Names and Street Addresses of Each Officer and Director, as of December 31, 1985

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Number)	City and State
MAIA, James S. <del>WILSON, R. CLAYTON</del>	P/D	ONE PARK PLAZA	NASHVILLE, TN 0
WILLIAMS, DAVID G JR., Mc Knight, Paul J.	V	ONE PARK PLAZA	NASHVILLE, TN 00000
MC ROY, ROGER E.	V	ONE PARK PLAZA	NASHVILLE, TN 0
TOBIN, JOHN H JR.,	D P/O	ONE PARK PLAZA	NASHVILLE, TN 00000
DAUGHERTY, BETTYE D.	S	ONE PARK PLAZA	NASHVILLE, TN 00000
Koban, Michael A. dr. <del>WILSON, SAMUEL H.</del>	T	ONE PARK PLAZA	NASHVILLE, TN 00000

See Attachment

REGISTERED AGENT INFORMATION

7 Name and Address of Current Registered Agent:  
THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
STE. 423  
LEWIS STATE BANK BLDG  
TALLAHASSEE, FLORIDA 32301

8 Name and Address of New Registered Agent:  
Name 81  
Street Address (Do NOT Use P.O. Box Number) 82  
City and State 83  
Zip Code 84  
FL.

I, pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named Corporation, incorporated under the laws of the State of Florida, submit this statement for the purpose of changing its registered officer or registered agent, or both, as the case may be. Such change was authorized by resolution duly adopted by its board of directors on \_\_\_\_\_.

I hereby accept the appointment of registered agent. I am familiar with and accept the obligations of Section 607.035 F.S.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment)

\$3.00 additional fee required for Registered Agent changes.

Dmc 6-30-86

See signature restrictions under instructions on reverse side of this form.  
I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effect As If Made Under Oath. (Officer's name must be typed in block letters.)

Signature of Signing Officer: *Bettye D. Daugherty*  
Name of Signing Officer: Bettye D. Daugherty  
Title: Secretary  
Date: 6/25/86  
Telephone Number: 615/327-9551

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Attachment for  
Tallahassee Medical Center, Inc.

FILED

JUN 30 11 50 AM '86

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DIRECTORS: Joseph L. DiLorenzo  
James K. Don

OFFICERS:	V.P.	Edward B. Minnich, Jr.
	V.P.	Charles N. Martin, Jr.
	V.P.	Larry Bradley
	V.P.	Claude T. Deaton, III
	V.P.	Samuel W. Owen
	Asst. Sec.	John W. Wade, Jr.
	Asst. Sec.	Richard H. Knight, Jr.
	Asst. Sec.	Ronald P. Soltman
	Asst. Sec.	Philip D. Wheeler
	Asst. Sec.	Claudia W. Dickerson

Address for all persons listed above is:

One Park Plaza  
Nashville, TN 37203

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686377

**HCA** The Healthcare Company

November 7, 1986

COPIES

RECEIVED  
NOV 16 11 00 01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Secretary of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Dear Sir or Madam:

Enclosed please find 27 Registered Agent  
Change Forms and a check for the filing fee  
of \$81.00.

11/19/86	30000	001
REGISTERED AGENTS		
REGISTERED AGENT		0.00
TOTAL		0.00

Also enclosed is an extra copy of this letter.  
Would you please return it with evidence of filing.

Thank you for your help.

Sincerely,

*David W. Hickey*

David W. Hickey  
Paralegal

DWH:dd

NOV 14 2 33 PM '86  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JAB

STATEMENT OF CHANGE OF REGISTERED OFFICE  
OR REGISTERED AGENT, OR BOTH

To the Secretary of State of the State of Florida.

Pursuant to the provisions of Sections 607.031 and 607.037, Florida Statutes, the undersigned corporation,  
organized under the laws of the State of Florida, submits the following statement  
for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

FIRST: The name of the corporation is Tallahassee Medical  
Center, Inc.

SECOND: The address of its present registered agent is Suite 420, First  
Florida Bank Building, Tallahassee, Florida 32301

THIRD: The address to which its registered agent is to be changed is 8751 W. Broward  
Boulevard, Plantation, Florida 33324

FOURTH: The name of its present registered agent is Prentice Hall  
Corporation System, Inc.

FIFTH: The name of its successor registered agent is C T Corporation  
System

SIXTH: The address of its registered office and the address of the business office of its registered agent,  
as changed, will be identical.

SEVENTH: Such change was authorized by resolution duly adopted by its board of directors.

Dated October 2, 19 86

Tallahassee Medical Center, Inc.

(exact corporate name)

SIGNATURE

*James S. M...*  
(President or Vice-President)

DATE

10/20/86

NOV 14 2 33 PM '86  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION,  
AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY,  
AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE  
PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGA-  
TIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE

*Rick Ste...*  
(Registered Agent)

FILING FEE: \$3.00

DATE

11-3-86

DIVISION OF CORPORATIONS - P. O. BOX 6327 - TALLAHASSEE, FL 32314

CR2E045 (9-85)

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1, 1987

CORPORATION  
ANNUAL REPORT  
1987



DEPARTMENT OF REVENUE  
DIVISION OF CORPORATIONS

Stamp: JUN 26 2 55 PM '87

Read Notice and Instructions on Other Side Before Making Entries  
Filing Fee of \$25 Required - Make Checks Payable To: Secretary of State

686377  
TALLAHASSEE MEDICAL CENTER, INC.  
ONE PARK PLAZA  
P. O. BOX 550  
NASHVILLE, TN 37202

Enter Change of address of Corporation, Place of Office, P.O. Box Number Alone is NOT Sufficient  
Direct Address 21 07/02/87 60096 019  
P.O. Box No 27 ANNUAL REPORT 21.000  
ANNUAL REPORT 21.000  
City and State 28 TOTAL 28.000  
Zip Code 24

1. Name and Address of Corporation, Principal Office  
2. Date of Last Report 06/30/1986  
3. Federal Employer Identification Number 62-1091430  
4. Date of Report 09/03/1980

Name of Officer and Director	Title	Street Address of Officer or Director (Do NOT use P.O. Box Number)	City and State	Zip Code
LYON, JAMES S.	P/O	ONE PARK PLAZA	NASHVILLE, TN	0
<del>ROBERTSON, DAVID G. JR.</del>	V	ONE PARK PLAZA	NASHVILLE, TN	00000
MALONE, David J., Jr. MORRIS, PAUL J.	V	ONE PARK PLAZA	NASHVILLE, TN	0
<del>WAIN, JOHN H. JR.</del>	V	ONE PARK PLAZA	NASHVILLE, TN	00000
MOORE, Joseph D. CROGGERTY, BETTYE D.	S	ONE PARK PLAZA	NASHVILLE, TN	00000
WEBER, MICHEL A., JR.	T	ONE PARK PLAZA	NASHVILLE, TN	00000

REGISTERED AGENT INFORMATION

Name and Address of Current Registered Agent  
C. T. CORPORATION SYSTEM  
3751 W. BROWARD BLVD.  
FLORHATTON, FL 33324  
City and State 24 FL

I, the undersigned, of Section 607.034 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, submit to you the names of changeable registered office or registered agent or both, in the State of Florida, which was authorized by resolution duly adopted by the board of directors on \_\_\_\_\_ and request the appointment of registered agent in accordance with and accept the provisions of Section 607.037 F.S.

Signature: \_\_\_\_\_ DATE: \_\_\_\_\_  
Registered Agent Accepting Appointment  
\$3.00 additional fee required for Registered Agent changes.

See signature restrictions under instructions on reverse side of this form.  
Certify that it is an Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607, F.S. Former Certificates Understand My Signature on This Report Shall have the Same Legal Effect As if Made Under Oath.  
Officers Signing Must Be Listed on Page 5.

Signature: *Bettye D. Daugherty* Date: 6-18-87  
Bettye D. Daugherty Secretary 615/327-9551

\$5 Additional Fee required for a...

FILED

TALLAHASSEE MEDICAL CENTER, INC.

JUN 26 2 55 PM '87  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Listed below are the names and street addresses of additional officers and directors not listed on the form:

DEATON, Claude T., III	V.	One Park Plaza, Nashville, TN 37203
MARTIN, Charles N., Jr.	V.	One Park Plaza, Nashville, TN 37203
OWEN, Samuel W.	V.	One Park Plaza, Nashville, TN 37203
COLTON, John O.	D.	One Park Plaza, Nashville, TN 37203
DILORENZO, Joseph L.	D.	One Park Plaza, Nashville, TN 37203
DON, James K.	D.	One Park Plaza, Nashville, TN 37203

**FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST.**

CORPORATION:  
ANNUAL REPORT  
1988



OFFICE OF THE  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**Filing Fee of \$25 Required — Make Checks Payable To: Secretary of State**

1. Name and Address of Corporation Principal Office

686377  
TALLAHASSEE MEDICAL CENTER, INC.  
ONE PARK PLAZA  
P. O. BOX 550  
NASHVILLE, TN 37202

2. Email Change of Address of Corporation Principal Office, P.O. Box Number, Area and ZIP Suffixes

Street Address 21

P.O. Box 199 22

City and State 23

Zip Code 24

3. Approximate Address of Registered Agent (Not to be used for mailing reports)  
in form 2, Schedule 2a, Code

4. Date of Issuance of Qualified  
Certificate of Incorporation

09/03/1980

5. Federal Employer  
Identification Number (FEIN)

62-1091430

6. Date of  
Last Report

06/26/1987

7. Name and Address of State Officer and Company in Charge (Not to be used for mailing reports)

Name of Officer  
and Secretary

Title

8. Street Address of Principal Office (Not to be used for mailing reports)

City and State

~~DEATON, III, CLAUDE T.~~

~~STX~~

ONE PARK PLAZA

NASHVILLE, TN

0

DEATON, III, CLAUDE T.  
MALONE, DAVID J., JR.

V

ONE PARK PLAZA

NASHVILLE, TN

00000

MCKNIGHT, PAUL J.

X

ONE PARK PLAZA

NASHVILLE, TN

0

MOORE, JOSEPH D.

P/D

Y

ONE PARK PLAZA

NASHVILLE, TN

00000

DAUGHERTY, BETTYE D.

V

ONE PARK PLAZA

NASHVILLE, TN

00000

~~MOHRNES, WILLIAM W.~~

~~T~~

ONE PARK PLAZA

NASHVILLE, TN

00000

**REGISTERED AGENT INFORMATION**

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
8751 W. BROWARD BLVD.  
PLANTATION, FL 33324

10. Street Address of Registered Agent (Not to be used for mailing reports)

11. City and State

12. Zip Code

FL

13. I, the undersigned, do hereby certify that the above information is true and correct to the best of my knowledge and belief, and that I am a resident of the State of Tennessee, and am qualified to act as a registered agent for the corporation named herein. I understand that my signature on this report shall be a public record.

SIGNATURE

(Registered Agent Accepting Appointment)

DATE

14. I hereby certify that I understand my signature on this report shall be a public record.

15. See explanatory notes on back of this report.

16. I certify that I am an Officer or Director of the Corporation, the Secretary of the Corporation, or a person authorized to act as such, and I understand that my signature on this report shall be a public record.

*Bettye D. Daugherty*

Bettye D. Daugherty

Secretary

3-5-88

(615) 327-9551



TALLAHASSEE MEDICAL CENTER, INC.

DIRECTORS

John O. Colton  
Joseph L. DiLorenzo  
Jack O. Bovender, Jr.

OFFICER

V.P.

Samuel W. Owen

The address for all of the above is:

One Park Plaza  
Nashville, TN 37203

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST

CORPORATION  
ANNUAL REPORT  
1989



John Smith  
Secretary of State  
DIVISION OF CORPORATIONS

MAILED  
JUL 18 1989  
STATE

Read Notice and Instructions on Cover Side Before Making Entries  
Filing Fee of \$45 Required - Make Checks Payable To: Secretary of State

Name and Address of Corporate Principal Office  
ZIP + 4  
686377 3  
TALLAHASSEE MEDICAL CENTER, INC.  
ONE PARK PLAZA  
P. O. BOX 550  
NASHVILLE, TN 37202-0550

Enter Change of Address in Corporate Records at  
Office, P.O. Box Number Above - NOT Subject  
Street Address  
P.O. Box Number  
City and State

NAME	ADDRESS	CITY	STATE	ZIP
DEATON, CLAUDE T., III	ONE PARK PLAZA	NASHVILLE, TN		0
MALONE, DAVID J., JR.	ONE PARK PLAZA	NASHVILLE, TN		00000
MCKNIGHT, PAUL J.	ONE PARK PLAZA	NASHVILLE, TN		0
MOORE, JOSEPH D.	ONE PARK PLAZA	NASHVILLE, TN		00000
DAUGHERTY, BETTYE D	ONE PARK PLAZA	NASHVILLE, TN		00000
MCINNES, WILLIAM W.	ONE PARK PLAZA	NASHVILLE, TN		00000

REGISTERED AGENT INFORMATION

C T CORPORATION SYSTEM  
5751 W. BROWARD BLVD.  
PLANTATION, FL 33324

Name and Address of Registered Agent  
Street Address  
City and State  
FL

This report is required by Sections 607.01 and 607.02, Florida Statutes, the above named corporation or partnership under the laws of the State of Florida, subject to the provisions of the filing requirements once it has been a year or more in the State of Florida.

Signature of Registered Agent

Signature of Secretary

Bettye D. Daugherty  
Secretary (615) 327-9551

Additional fee required for a Certificate of Incorporation

RECEIVED

TALLAHASSEE MEDICAL CENTER, INC.

Additional Directors

<u>Title</u>	<u>Name</u>	<u>Address</u>
Director	Jack O. Bovender, Jr.	One Park Plaza Nashville, TN 37203
Director	John O. Colton	One Park Plaza Nashville, TN 37203
Director	Joseph L. DiLorenzo	One Park Plaza Nashville, TN 37203

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FILE NOW! THIS ANNUAL REPORT WILL BE DELINQUENT AFTER JULY 1ST

CORPORATION  
ANNUAL REPORT  
1990



Secretary of State  
DIVISION OF CORPORATIONS

RECEIVED  
CORPORATION  
JUL 19 1990

Read Notice and Instructions on Other Side Before Making Entries  
Filing Fee of \$35 Required - Make Checks Payable To: Secretary of State

Registered Agent of Corporation Principal Office

686377 3

ZIP + 4 PRESORT

TALLAHASSEE MEDICAL CENTER, INC.  
ONE PARK PLAZA  
P. O. BOX 550  
NASHVILLE, TN 37202-0550

2. A statement of the corporation's assets and liabilities for the year ending on the date specified above. (Do not include assets and liabilities of the corporation which are not reported on the statement.)  
State Address: TN  
PO BOX 550  
NASHVILLE TN 37202-0550

When this report is filed, it is subject to the provisions of the Tennessee Code Annotated, Title 26, Chapter 2.

NAME	ADDRESS	CITY AND STATE	FEES PAID FOR REPORT
V DEATON, CLAUDE T., III	ONE PARK PLAZA	NASHVILLE, TN	0
V MALONE, DAVID J., JR.	ONE PARK PLAZA	NASHVILLE, TN	00000
P/D MCKNIGHT, PAUL J.	ONE PARK PLAZA	NASHVILLE, TN	0
V MOORE, JOSEPH D.	ONE PARK PLAZA	NASHVILLE, TN	00000
S DAUGHERTY, BETTYE D	ONE PARK PLAZA	NASHVILLE, TN	00000
T MCINNES, WILLIAM W.	ONE PARK PLAZA	NASHVILLE, TN	00000

REGISTERED AGENT INFORMATION

C T CORPORATION SYSTEM  
8751 W. BROWARD BLVD.  
PLANTATION, FL 33324

FL

This corporation is subject to the provisions of the Tennessee Code Annotated, Title 26, Chapter 2, which require that this report be filed with the Secretary of State. The corporation is required to file this report annually on or before the first day of July following the close of the corporation's fiscal year. Failure to file this report on or before the first day of July following the close of the corporation's fiscal year is a violation of the Tennessee Code Annotated, Title 26, Chapter 2, and may result in the corporation being declared delinquent and subject to the provisions of the Tennessee Code Annotated, Title 26, Chapter 2, which may include the suspension of the corporation's right to do business in the State of Tennessee.

FAILURE TO FILE THIS REPORT ON OR BEFORE THE FIRST DAY OF JULY FOLLOWING THE CLOSE OF THE CORPORATION'S FISCAL YEAR IS A VIOLATION OF THE TENNESSEE CODE ANNOTATED, TITLE 26, CHAPTER 2, WHICH MAY RESULT IN THE CORPORATION BEING DECLARED DELINQUENT AND SUBJECT TO THE PROVISIONS OF THE TENNESSEE CODE ANNOTATED, TITLE 26, CHAPTER 2, WHICH MAY INCLUDE THE SUSPENSION OF THE CORPORATION'S RIGHT TO DO BUSINESS IN THE STATE OF TENNESSEE.

*Bettye D. Daugherty*

Bettye D. Daugherty

Secretary

2/14/90

(615) 227-9551

\$5 Additional Fee  
Required for  
Filing of  
Statement of  
Partners of S Corporation

11-4-1990

TALLAHASSEE MEDICAL CENTER, INC.

Directors: Jack O. Bovender, Jr.  
John O. Colton  
Joseph L. DiLorenzo

The address for all of the above is:

One Park Plaza  
Nashville, TN 37203

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**FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.**

REGISTRATION  
ANNUAL REPORT  
1991



DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILING FEE OF \$61.25 REQUIRED**  
DOCUMENT #686377 (3)

ZIP + 4 PRESORT  
TALLAHASSEE MEDICAL CENTER, INC.  
ONE PARK PLAZA  
P. O. BOX 550  
NASHVILLE, TN 37202-0550

2. If Address in Block 1 is incorrect in any way, enter address below. P.O. Box is appropriate. The NAME of corporation can be changed only by filing an amendment.

21. Street Address

22. P.O. Box No.

23. City and State

24. Zip Code

3. Date of Incorporation or Organization in Florida: **09/03/1980**

4. FEI Number: **62-1091430**

5. FEI Number Applied For: **62-1091430**

6. FEI Number For Application: **62-1091430**

7. \$8.75 Additional Fee Required for a Certificate of Status

1	2	3	4	5
Category	Name of Officers and Directors	Street Address of Each Officer and Director (Do NOT use P.O. Box Numbers)	City and State	Zip Code
V	DEATON, CLAUDE T., III	ONE PARK PLAZA	NASHVILLE, TN	0
V	MALONE, DAVID J., JR.	ONE PARK PLAZA	NASHVILLE, TN	00000
P/D	MCKNIGHT, PAUL J.	<del>ONE PARK PLAZA</del> 1830 Buford Court	<del>NASHVILLE, TN</del> Tallahassee, FL	<del>0</del> 32308
V	MOORE, JOSEPH D.	ONE PARK PLAZA	NASHVILLE, TN	00000
S	DAUGHERTY, BETTYE D	ONE PARK PLAZA	NASHVILLE, TN	00000
T	MCINNES, WILLIAM W.	ONE PARK PLAZA	NASHVILLE, TN	00000

**REGISTERED AGENT INFORMATION**

C T CORPORATION SYSTEM  
8751 W. BROWARD BLVD.  
PLANTATION, FL 33324

10. The provisions of Sections 607.01 through 607.15 of the Florida Statutes, which govern the powers, duties and liabilities of registered agents, shall apply to the registered agent of this corporation. The registered agent of this corporation shall be the person or entity named in the following information, and shall be subject to the provisions of Sections 607.01 through 607.15 of the Florida Statutes.

11. The registered agent of this corporation is:

*Bettye D. Daugherty*

Bettye D. Daugherty Secretary

**FILING FEE OF \$61.25 REQUIRED—Make Checks Payable To: Secretary of State \$8.75 Additional Fee Required for a Certificate of Status**

TALLAHASSEE MEDICAL CENTER, INC.

DIRECTORS:

Jack O. Bovender, Jr.  
John O. Colton  
Joseph L. DiLorenzo

The address for each of the above is:

One Park Plaza  
Nashville, TN 37203

**FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.**

CORPORATION  
ANNUAL REPORT  
1992



FLORIDA DEPARTMENT OF STATE  
and Board of  
Registrars of State  
DIVISION OF CORPORATIONS

PRINTED

COMPOSITIONS OF  
THE STATE OF FLORIDA  
1992

**FLILING FEE \$61.25 Make Payable To: Secretary of State**

DOCUMENT #686377 (3)  
TALLAHASSEE MEDICAL CENTER, INC.  
ONE PARK PLAZA  
P. O. BOX 550  
NASHVILLE TN 37203-1121

2. If Articles of Incorporation or Amended Articles of Incorporation were filed for this corporation, the NAME of the corporation as shown on the filing should be entered.

21. Mailing Address  
22. P.O. Box No.  
23. City and State  
24. Zip Code  
3. Date received by the Registrar  
09/03/1980

05/13/1991

62-1091430

\$8.75 Additional Fee required for a Certificate of Status

1	2	3	4	5
V	DEATON, CLAUDE T., III	ONE PARK PLAZA	NASHVILLE, TN	0
V	MALONE, DAVID J., JR.	ONE PARK PLAZA	NASHVILLE, TN	00000
P/D	MCKNIGHT, PAUL J.	1830 BUFORD COURT	TALLAHASSEE, FL	
V	MOORE, JOSEPH D.	ONE PARK PLAZA	NASHVILLE, TN	00000
S	DAUGHERTY, BETTYE D	ONE PARK PLAZA	NASHVILLE, TN	00000
T	MCINNES, WILLIAM W.	ONE PARK PLAZA	NASHVILLE, TN	00000

**REGISTERED AGENT INFORMATION**

C T CORPORATION SYSTEM  
8751 W. BROWARD BLVD.  
PLANTATION, FL 33324

81. Name  
C T CORPORATION SYSTEM  
82. Street Address  
1200 S. PINE ISLAND RD.  
83. City and State  
PLANTATION FL  
84. Zip Code  
33324

Filed on a consolidated basis with Hospital Corporation of America, F.E.D. 62-6024643

SIGNATURE

*Bettye D. Daugherty*

Bettye D. Daugherty

Secretary

615 327-9551

3/5/80



TALLAHASSEE MEDICAL CENTER, INC.

Director Jack O. Bovender, Jr.  
Director John O. Colton  
Director Joseph L. DiLorenzo

The address for all of the above is:

One Park Plaza  
Nashville, TN 37203



# Prentice Hall Corporate Services

ATTN: Katrina (904) 222-7495

110 NORTH MAGNOLIA DRIVE  
TALLAHASSEE, FL 32301

686377

Walk in       Call if Problem  
 Will Wait       Pick up

1/12 3:00

400000101154  
-01/22/93--01101--01  
\*\*\*1155.00 \*\*\*\*

CORPORATION(S) NAME

CHARTER NUMBER

Tallahassee Medical Center, Inc.

- FILE COA  
- PIC

FILED  
JAN 2 PM 2:19  
TALLAHASSEE FLORIDA

FOR PRENTICE HALL CORPORATE SERVICES' USE ONLY

ATTN: Ellen-ATL  
JOB # 73-93-00345

VERBAL REQUESTED: YES OR NO

DATE SENT: 1-12 MAIL FED EXP.

SENT TO: [Signature]

ST./CTY. FEES	<u>1</u>
SPEC. HANDL	_____
MESSENGER	_____
FAX FEE	_____

686377

Florida Department of State, Jim Smith, Secretary of State

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the corporation is: TALLAHASSEE MEDICAL CENTER, INC.

1b. Date of incorporation September 3, 1980 Document number 686377

2. The name and address of the current registered agent and office:

C T Corporation System

1200 South Pine Island Road, Plantation, FL 33324.

3. The name and address of the new registered agent and office:  
(P.O. Box Not Acceptable)

The Prentice-Hall Corporation System, Inc.

110 North Magnolia Street, Tallahassee, Florida 32301

The street address of its registered agent and the street address of the business office of its registered agent as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Betty D. Dougherty  
SIGNATURE  
1-4-93  
DATE

Betty D. Dougherty Vice President  
Typed or printed name and title

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

The Prentice-Hall Corporation System, Inc.

SIGNATURE BY: Charles A. Coyne  
(Registered Agent)

DATE 1-11-93

File Now. Filing Fee after May 1 is \$225.00

1993



DOCUMENT # 686377 (3)

TALLAHASSEE MEDICAL CENTER, INC.  
ONE PARK PLAZA  
P. O. BOX 550  
NASHVILLE TN 37203-1121

EXPIRES ON THIS DATE

1. EXPIRES ON THIS DATE 09/03/1980  
2. EXPIRES ON THIS DATE 03/11/1992

LONG FEE ANNUAL REPORT \$61.25 + \$138.75 CORPORATION SUPPLEMENTAL FEE  
SHORT FEE MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

4. IDENTIFICATION NUMBER 621091430

7a. TYPE AND ADDRESS OF REGISTERED OFFICE  
2626 Capital Medical Blvd

\$8.75 Additional Fee Required

27. CITY Tallahassee, FL

\$5.00 In Lieu of Agent's Fee

29. ZIP CODE 32308

\$138.75 State Fee for Filing

30. COUNTRY USA

5. CORPORATION'S BUSINESS TYPE  
6. TYPE OF CORPORATION  
7. NUMBER OF SHARES  
8. TYPE OF CORPORATION

9. Name and Address of Current Registered Agent  
PRENTICE HALL CORPORATION SYSTEM  
110 NORTH MAGNOLIA STREET  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81. STATE  
82. COUNTY  
83.  
84. STATE FL

V DEATON, CLAUDE T., III  
ONE PARK PLAZA  
NASHVILLE, TN 0

V MALONE, DAVID J., JR.  
ONE PARK PLAZA  
NASHVILLE, TN 00000

P, D MCKNIGHT, PAUL J.  
1830 BUFORD COURT  
TALLAHASSEE FL

V MOORE, JOSEPH D.  
ONE PARK PLAZA  
NASHVILLE, TN 00000

S DAUGHERTY, BETTYE D  
ONE PARK PLAZA  
NASHVILLE, TN 00000

T MCILWINE, WILLIAM W.  
ONE PARK PLAZA  
NASHVILLE, TN 00000

S & V

Don D. Swain

SIGNATURE

*Bettye D. Daugherty*

Bettye D. Daugherty

V.P. & Secretary

615 : 327-9551

TALLAHASSEE MEDICAL CENTER, INC.

Additional Director(s):

Eugene C. Fleming  
Wickliffe S. Lyne  
Joey A. Jacobs

The address for all of the above is:

One Park Plaza  
Nashville, TN 37203

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1994



OFFICE OF SECRETARY OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

MAY - 1 PH 1:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NAME  
TALLAHASSEE MEDICAL CENTER, INC.

DOCUMENT #  
686377 (3)

PRINCIPAL PLACE OF BUSINESS  
ONE PARK PLAZA  
P.O. BOX 140  
NASHVILLE, TN 37203-1427  
US

PRINCIPAL PLACE OF BUSINESS  
2628 CAPITAL MEDICAL BLVD  
S.O. BOX 888  
TALLAHASSEE FL 32301  
US

DO NOT WRITE IN THIS SPACE

2. Date Incorporated or Organized 09/03/1980  
3a. Date of Last Report 04/23/1993

4. FEI Number 62-1091430

5. Certificate of Status Demand \$8.75

7. Payment Exempt from \$75 Supplemental Fee

8. This corporation not liable for 1994 tax under 170702, Florida Statutes

26. Principal Place of Business  
27. Serv. Act. #, etc.  
28. City & State  
29. Zip  
30. County

1. Name and Address of Current Registered Agent  
PRENTICE HALL CORPORATION SYSTEM  
110 NORTH MAGNOLIA STREET  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent  
81. Name THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
82. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYES STREET  
83. SUITE 105  
84. City TALLAHASSEE FL 85. Zip Code 32301

11. I, the Secretary of State, certify that this corporation is in compliance with the provisions of Sections 607.0502 and 607.1501 of Section 607.0502 and 607.1501, Florida Statutes, the above-named corporation submits this statement of compliance to the Secretary of State of the State of Florida. Such change was authorized by the corporation's board of directors. I am further authorized to accept the qualifications of Section 607.0505 or 607.0503, Florida Statutes.

12. OFFICERS AND DIRECTORS

12.1	V	DEATON, CLAUDE T., III ONE PARK PLAZA NASHVILLE, TN 0
12.2	V	MALONE, DAVID J., JR. ONE PARK PLAZA NASHVILLE, TN 00000
12.3		P/D MICHOUGHT, PAUL J. 1830 BUFORD COURT TALLAHASSEE FL
12.4	V	MOORE, JOSEPH D. ONE PARK PLAZA NASHVILLE, TN 00000
12.5	S/V	DONAGHERTY, BETTYE D ONE PARK PLAZA NASHVILLE, TN 00000
12.6	T	SWAN DON D. ONE PARK PLAZA NASHVILLE, TN 00000

13. OWNERS (S) (OFFICERS AND DIRECTORS) (2)

13.1	121001	
13.2	121002	
13.3	121003	
13.4	121004	
13.5	121005	
13.6	121006	
13.7	121007	
13.8	121008	
13.9	121009	
13.10	121010	
13.11	121011	
13.12	121012	
13.13	121013	
13.14	121014	
13.15	121015	
13.16	121016	
13.17	121017	
13.18	121018	
13.19	121019	
13.20	121020	

SEE SCHEDULE ATTACHED

SIGNATURE: *David Malone* David B. Eschelt, V.P. Tax 4-29-94 (502) 580-1000

March 31, 1994

OFFICERS AND DIRECTORS  
OF  
TALLAHASSEE MEDICAL CENTER, INC

*Daniel J. Moen	President	7975 NW 154th St., #400 A Miami Lakes, FL 33016
✓*Paul J. McKnight	V.P. of Oper.	1830 Buford Court Tallahassee, FL 32308
*William S. Hussey	Pres.-West Florida Division	One University Park 12800 University Dr., #560 Fort Myers, FL 33907
✓Bettye D. Daugherty	V.P.	One Park Plaza Nashville, TN 37203
David G. Anderson	V.P.-Finance and Asst. Treasurer	One Park Plaza Nashville, TN 37203
Brandi D. Ewoldt	V.P.	500 W. Main Str., 10th FL Louisville, KY 40202
James D. Hinton	V.P.	201 West Main Street Louisville, KY 40202
James C. Hoffman	V.P.	One Park Plaza Nashville, TN 37203
Sheldon H. Lutz	V.P.	201 W. Main Str. Louisville, KY 40202
✓David J. Malone, Jr.	V.P.	One Park Plaza Nashville, TN 37203
✓Joseph D. Moore	V.P.	One Park Plaza Nashville, TN 37203
Joan O. Kroger	Secretary	201 W. Main Str. Louisville, KY 40202

\*Directors