

Filing Fee: \$100.00

ID Number: _____



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

LIMITED PARTNERSHIP

APPLICATION FOR CERTIFICATE OF REGISTRATION

Pursuant to the provisions of Section 7-13-49 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign limited partnership hereby applies for a Certificate of Registration to transact business in the state of Rhode Island and for that purpose submits the following statement:

1. The name of the limited partnership is Healthtrust Purchasing Group, L.P.
(The name must contain the words "limited partnership" or the letters and punctuation "L.P." and, if different, the name which it proposes to register and transact business in the state of Rhode Island is _____)

2. The limited partnership is organized under the laws of Delaware
and the date of its formation is April 28, 1999

3. The general character of the business it proposes to transact in Rhode Island is:
Primarily operating as a group purchasing organization for healthcare organizations, including negotiating the purchase of electricity on behalf of its members.

4. The name and address of the agent for service of process is C T Corporation System
(Name of Agent)
155 South Main Street, Suite 301 Providence RI 02903
(Street Address, not P.O. Box) (City/Town) (Zip Code)

5. The foreign limited partnership hereby agrees that if the foreign limited partnership fails to appoint an agent for service of process or, if appointed, the agent's authority has been revoked or if the agent cannot be found or served with the exercise of reasonable diligence, the foreign limited partnership appoints the Secretary of State of the State of Rhode Island as its agent for service of process.

6. The address of the office required to be maintain in the state of its organization by the laws of that state or, if not required, of the principal office of the foreign limited partnership is:
One Park Plaza - Legal Department, Nashville, TN 37203

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7. The name and business address of each general partner is:

<u>General Partner</u>	<u>Business Address</u>
CMS GP, LLC	One Park Plaza - Legal Dept., Nashville, TN 37203

8. The address of the office at which is kept a list of the names and addresses of the limited partners and their contributions, together with an undertaking by the foreign limited partnership to keep those records until the limited partnership's registration in this state is cancelled or withdrawn is:

One Park Plaza - Legal Dept., Nashville, TN 37203

9. A mailing address for the foreign limited partnership is One Park Plaza - Legal Dept., Nashville, TN 37203

10. As of the date of this filing, the foreign limited partnership validly exists as a limited partnership under the laws of the jurisdiction of its formation.

Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Registration of a Foreign Limited Partnership, including any accompanying attachments, and all statements contained herein are true and correct.

Date: 6-10-2010

Healthtrust Purchasing Group, L.P.
Print Exact Name of Limited Partnership Making Application

CMS GP, LLC, general partner
By *Dora A. Blackwood*
General Partner

Dora A. Blackwood, Vice President & Secretary

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HEALTHTRUST PURCHASING GROUP, L.P." IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TENTH DAY OF JUNE, A.D. 2010.


AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

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You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 8047229

DATE: 06-10-10



State of Rhode Island and Providence Plantations

A. Ralph Mollis

Secretary of State

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly
executed in accordance with the provisions of Title 7 of the General Laws
of Rhode Island, as amended, has been filed in this office on this day:

A handwritten signature in black ink that reads "A. Ralph Mollis".

A. RALPH MOLLIS

Secretary of State

