



[Business Organizations](#) | [Trademarks](#) | [Help/Fees](#) |

BUSINESS ORGANIZATIONS INQUIRY - VIEW ENTITY

Filing Number: 800542253 **Entity Type:** Domestic For-Profit Corporation
Original Date of Filing: September 8, 2005 **Entity Status:** Forfeited existence
Formation Date: N/A
Tax ID: 32018148406 **FEIN:**
Duration: Perpetual
Name: Palestine County Hospital, Inc.
Address: 7901 CAMERON RD STE 3
AUSTIN, TX 787543807 USA

<u>REGISTERED</u> <u>AGENT</u>	<u>FILING</u> <u>HISTORY</u>	<u>NAMES</u>	<u>MANAGEMENT</u>	<u>ASSUMED</u> <u>NAMES</u>	<u>ASSOCIATED</u> <u>ENTITIES</u>
Last Update	Name	Title	Address		
January 13, 2008	JUSTIN HILTON	Director	PO BOX 432408 AUSTIN, TX 78734 USA		
January 13, 2008	DAVID BUTTROSS II	Director	PO BOX 5396 AUSTIN, TX 78763 USA		

[Return to Search](#)

Instructions:

- To place an order for additional information about a filing press the 'Order' button.

SEP 08 2005

ARTICLES OF INCORPORATION
OF
PALESTINE COUNTY HOSPITAL, INC.

Corporations Section

The undersigned natural person of the age of eighteen years or more, acting as incorporator of a corporation under the Texas Business Corporation Act, hereby adopts the following Articles of Incorporation for the corporation:

ARTICLE I.

The name of the Corporation is Palestine County Hospital, Inc.

ARTICLE II.

The Corporation's period of duration is perpetual.

ARTICLE III.

The purposes for which the corporation is organized are: to engage in and carry on the business of general contracting within the State of Texas, and to engage in any lawful purpose or purposes that are conferred on corporations under the laws of the State of Texas and that are necessary or proper in connection with that operation, including, but not limited to, the following:

- (a) To purchase, lease, acquire, own, hold and operate, and to sell, mortgage, pledge, lease, employ, dispose of, encumber, or invest in real estate, mortgages, stocks, bonds, and tangible and intangible personal property as may be reasonably required in the conduct of its business and in connection with any other proper business activity in which it may be engaged.
- (b) To enter into and make all necessary contracts for the conduct of its business with any person, partnership, association, corporation, or other entity, and to perform, carry out, cancel and rescind those contracts.
- © To borrow or raise money reasonably required in the conduct of its business and in connection with any proper business activity in which it may be engaged, and to execute and deliver any instruments that may be necessary to evidence the borrowing.
- (d) To form and become a participant in any partnership, limited partnership, or joint venture with any other individuals, firms, corporations, or entities, to become a shareholder in any corporation for profit, and to become a member of any association, nonprofit corporation, or other entity.
- (e) To carry on any other business in connection with and

incidental to any of the foregoing businesses, transactions and dealings.

- (f) To restrict the manner in which, and the persons to whom, its capital stock shall be issued or transferred and to enact regulations to carry these restrictions into effect.
- (g) To do everything necessary, proper, advisable or convenient to accomplish the purposes, attain the objectives, or further the powers that are set forth in these Articles of Incorporation and that are incidental to, pertaining to, or growing out of its business or that arise otherwise.

ARTICLE IV.

The aggregate number of shares that the corporation shall have the authority to issue is 1,000 shares of the par value of \$1.00.

ARTICLE V.

The corporation will not commence business until it has received for the issuance of its shares consideration of the value of One Thousand Dollars consisting of money, labor done, or property actually received.

ARTICLE VI.

The street address of the registered office is 408 West 18th Street, Austin, Texas 78701, and the name of its initial registered agent at that address is Albert J. Heinrich, Jr.

ARTICLE VII.

The number of Directors constituting the initial Board of Directors is two, and the names and addresses of the persons who are to serve as Directors until the first annual meeting of shareholders or until his successor(s) is elected and qualified is:

Justin Hilton
P. O. Box 342408
Austin, Texas 78734

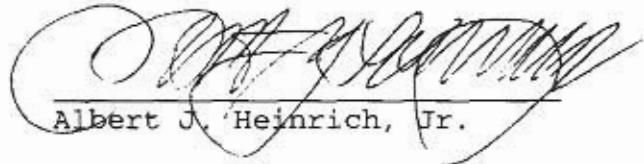
David A. Buttross, II
P. O. Box 5396
Austin, Texas 78763

ARTICLE VIII.

The name and address of the incorporator is:

Albert J. Heinrich, Jr.
408 West 18th Street
Austin, Texas 78701

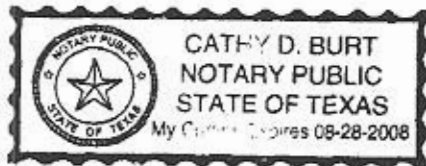
INCORPORATOR:

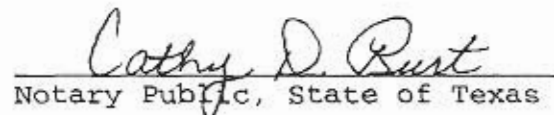

Albert J. Heinrich, Jr.

THE STATE OF TEXAS §
 §
COUNTY OF TRAVIS §

Before me, a notary public, on this day personally appeared Albert J. Heinrich, Jr., known to me to be the person whose name is subscribed to the foregoing document and, being by me first duly sworn, declared that the statements therein contained are true and correct.

Given under my and seal of office on September 8, 2005.




Notary Public, State of Texas

Form 401
(Revised 01/06)

Return in duplicate to:
Secretary of State
P.O. Box 13697
Austin, TX 78711-3697
512 463-5555
FAX: 512/463-5709
Filing Fee: See instructions



**Statement of Change of
Registered Office/Agent**

This space reserved for office use.

FILED
In the Office of the
Secretary of State of Texas
MAR 14 2007

Corporations Section

Entity Information

The name of the entity is:

Palestine County Hospital, Inc.

State the name of the entity as currently shown in the records of the secretary of state.

The file number issued to the filing entity by the secretary of state is: 800542253

The registered agent and registered office of the entity as currently shown on the records of the secretary of state are: Albert J. Heinrich, Attorney

408 West 18th., Austin, TX 78701

Change to Registered Agent/Registered Office

The certificate of formation or registration is modified to change the registered agent and/or office of the filing entity as follows:

Registered Agent Change

(Complete either A or B, but not both. Also complete C if the address has changed.)

☐ A. The new registered agent is an organization (cannot be entity named above) by the name of:

OR

☐ B. The new registered agent is an individual resident of the state whose name is:

First Name M.I. Last Name Suffix

Registered Office Change

☒ C. The business address of the registered agent and the registered office address is changed to:

7901 Cameron Rd. Bldg.3 Suite #100 Austin TX 78754
Street Address (No P.O. Box) City State Zip Code

The street address of the registered office as stated in this instrument is the same as the registered

agent's business address.

Statement of Approval

The change specified in this statement has been authorized by the entity in the manner required by the BOC or in the manner required by the law governing the filing entity, as applicable.

Effectiveness of Filing (Select either A, B, or C.)

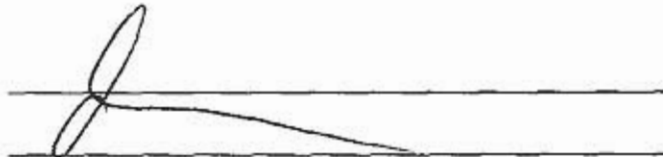
- A. ☐ This document becomes effective when the document is filed by the secretary of state.
- B. ☒ This document becomes effective at a later date, which is not more than ninety (90) days from the date of signing. The delayed effective date is: March 14th, 2007
- C. ☐ This document takes effect upon the occurrence of a future event or fact, other than the passage of time. The 90th day after the date of signing is: _____

The following event or fact will cause the document to take effect in the manner described below:

Execution

The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument.

Date: March 14th, 2007

A handwritten signature in black ink, consisting of a large, stylized loop followed by a horizontal line, is written over a horizontal line.

Signature and title of authorized person (see instructions)

05-102
(11-06/26)

3333

b. ■

a. T Code ■ 13196

This report MUST be filed to
satisfy franchise tax requirements

Do not write in the space above

TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT

c. Taxpayer identification number
3-20181-4840-6d. Report year
2007Corporation name and address
PALESTINE COUNTY HOSPITAL INC
408 W 18TH ST
AUSTIN TX 78701-1231

e. PIR / IND

1

4

Secretary of State file number or, if none,
Comptroller unchartered numberItem k on Franchise
Tax Report, Form 05-142

0800542253

Please mark through any incorrect information, and type or print the correct information.

The following information is required by Section 171.203 of the Tax Code for each corporation or
limited liability company that files a Texas Corporation Franchise Tax Report. Use additional sheets
for Sections A, B, and C, if necessary. The information will be available for public inspection.

- ☐ Blacken this circle completely if there are currently no changes to the information preprinted in
Section A of this report. Then, complete Sections B and C.

Corporation's principal office

7901 Cameron Rd Bld 3 #100

Principal place of business

Please sign below!

Officer and director
information is reported
as of the date a Public Information Report is
completed. The information is updated annually
as part of the franchise tax report. There is no
requirement or procedure for supplementing the
information as officers and directors change
throughout the year.

SECTION A. Name, title, and mailing address of each officer and director.

NAME	TITLE	DIRECTOR	Term expiration (mm-dd-yyyy)
JUSTIN HILTON	DIRECTOR	<input checked="" type="checkbox"/> YES	
MAILING ADDRESS: PO BOX 432408 AUSTIN, TX 78734			
DAVID BUTTROSS II	DIRECTOR	<input checked="" type="checkbox"/> YES	
MAILING ADDRESS: PO BOX 5396 AUSTIN, TX 78763			
		<input type="checkbox"/> YES	
MAILING ADDRESS:			
		<input type="checkbox"/> YES	
MAILING ADDRESS:			
		<input type="checkbox"/> YES	
MAILING ADDRESS:			

SECTION B. List each corporation or limited liability company, if any, in which this reporting corporation or limited liability company owns an interest of ten percent (10%) or more. Enter the information requested for each corporation or limited liability company.

Name of owned (subsidiary) corporation or limited liability company	State of inc./organization	Texas SOS file number	Percentage interest
Name of owned (subsidiary) corporation or limited liability company	State of inc./organization	Texas SOS file number	Percentage interest

SECTION C. List each corporation or limited liability company, if any, that owns an interest of ten percent (10%) or more in this reporting corporation or limited liability company. Enter the information requested for each corporation or limited liability company.

Name of owning (parent) corporation or limited liability company	State of inc./organization	Texas SOS file number	Percentage interest
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Registered agent and registered office currently on file. (See instructions if you need to make changes.)

Agent: ALBERT J HEINRICH JR
Office: 408 WEST 18TH ST
AUSTIN, TX 78701

- ☐ Blacken this circle if you need forms to change the
registered agent or registered office information.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has
been mailed to each person named in this report who is an officer or director and who is not currently employed by this, or a related, corporation or limited liability company.

sign here	Officer, director, or other authorized person	Title	Date	Daytime phone (Area code and number)
		Director	5-15-07	512-320-0888

0217631

07150231557

Filing Number: 0800542253

05-102
(Rev 11-00/26)

3333

b ■

a T Code ☒ 13196 Franchise ☐ 16196 BankThis report MUST be filed to
satisfy franchise tax requirements

c Taxpayer identification number

d Report year

32018148496 2006

TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT

Corporation name and address

Palestine County Hospital Inc
7910 Cameron Rde PIR/IND ☒ 1 ☐ 4Secretary of State file number or, if none,
Comptroller unchartered number

Item k on Franchise

Tax Report, Form 05-142 0900542253

Please mark through any incorrect information, and type or print the correct information.

The following information is required by Section 171.203 of the Tax Code for each corporation or limited liability company that files a Texas Corporation Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.

☐ Blacken this circle completely if there are currently no changes to the information preprinted in Section A of this report. Then, complete Sections B and C.

Corporation's principal office

7901 Cameron Rd Bld 3 #100

Principal place of business

Please sign below!

Officer and director information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers and directors change throughout the year.

SECTION A. Name, title, and mailing address of each officer and director

NAME	TITLE	DIRECTOR	Term expiration (mm-dd-yyyy)
Justin Hilton	Director	<input type="checkbox"/> YES	
MAILING ADDRESS: P.O. Box 432408 Austin, TX 78734			
David Bottross II	Director	<input type="checkbox"/> YES	
MAILING ADDRESS: P.O. Box 5396 Austin, TX 78763			
		<input type="checkbox"/> YES	
MAILING ADDRESS: BHAL153 2H17			
		<input type="checkbox"/> YES	
		<input type="checkbox"/> YES	
		<input type="checkbox"/> YES	

SECTION B. List each corporation or limited liability company, if any, in which this reporting corporation or limited liability company owns an interest of ten percent (10%) or more. Enter the information requested for each corporation or limited liability company.

Name of owned (subsidiary) corporation or limited liability company	State of inc./organization	Texas SOS file number	Percentage interest
Name of owned (subsidiary) corporation or limited liability company	State of inc./organization	Texas SOS file number	Percentage interest

SECTION C. List each corporation or limited liability company, if any, that owns an interest of ten percent (10%) or more in this reporting corporation or limited liability company. Enter the information requested for each corporation or limited liability company.

Name of owning (parent) corporation or limited liability company	State of inc./organization	Texas SOS file number	Percentage interest
Name of owning (parent) corporation or limited liability company	State of inc./organization	Texas SOS file number	Percentage interest

Registered agent and registered office currently on file (See instructions if you need to make changes.)

Agent
Office☐ Blacken this circle if you need forms to change the registered agent or registered office information

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer or director and who is not currently employed by this, or a related, corporation or limited liability company.

sign here	Officer, director, or other authorized person	Title	Date	Daytime phone (Area code and number)
	Manager	5-16-07	512-320-0888	



05-102
(Rev. 1-08/28)
Code 13196

TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT

(To be filed by Corporations and Limited Liability Companies (LLCs))
This report MUST be filed to satisfy franchise tax requirements

Taxpayer number

3 2 0 1 8 1 4 8 4 0 6 2 0 0 8

Report year

You have certain rights under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at: (512) 463-4600, or (800) 252-1381, toll free nationwide.

Taxpayer name
PALESTINE COUNTY HOSPITAL INC

Mailing address
7901 CAMERON RD STE 3

City
AUSTIN

State
TX

ZIP Code
78754

Plus 4
3807

Secretary of State file number or
Comptroller file number

0800542253

Blacken circle if there are currently no changes or additions to the information displayed in Section A of this report. Then complete Sections B and C.

Entity's principal office

Principal place of business

Please sign below!

Officer, director and member information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or members change throughout the year.



3201814840608

SECTION A Name, title and mailing address of each officer, director or member.

Name Title
DAVID BUTTROSS II DIRECTOR

Mailing address City
PO BOX 5396 AUSTIN

Name Title
JUSTIN HILTON DIRECTOR

Mailing address City
PO BOX 432408 AUSTIN

Name Title

Mailing address City

Name Title

Mailing address City

Director Term expiration
☒ YES m m d d y y

State ZIP code
TX 78763

Director Term expiration
☒ YES m m d d y y

State ZIP code
TX 78734

Director Term expiration
☐ YES m m d d y y

State ZIP code

Director Term expiration
☐ YES m m d d y y

State ZIP code

SECTION B Enter the information required for each corporation or LLC, if any, in which this reporting entity owns an interest of ten percent (10%) or more.

Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of Ownership
Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of Ownership

SECTION C Enter the information required for each corporation or LLC, if any, that owns an interest of ten percent (10%) or more in this reporting entity or limited liability company.

Name of owned (parent) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of Ownership
Name of owned (parent) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of Ownership

Registered agent and registered office currently on file. (See instructions if you need to make changes)

Agent: ALBERT J HEINRICH JR

Office: 7901 CAMERON RD., BLDG. 3, STE 100

City
AUSTIN

State
TX

ZIP Code
78754

☐ Blacken circle if you need forms to change the registered agent or registered office information.

The above information is required by Section 171.203 of the Tax Code for each corporation or limited liability company that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.

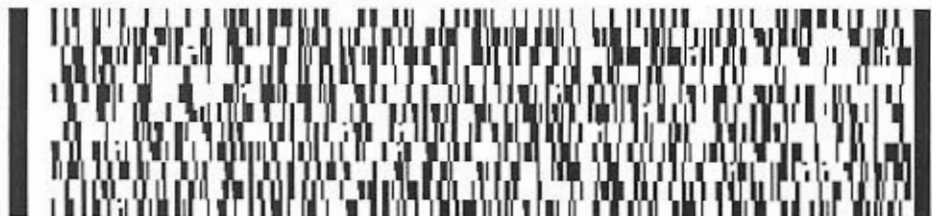
I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or member and who is not currently employed by this, or a related, corporation or limited liability company.

sign here

Title
PRESIDENT

Date
06/16/2008

Area code and phone number
(512) 320 - 0888



VE/DE

☐

PIR IND

☐





**Forfeiture pursuant to Section 171.309 of the Texas Tax Code
of
Palestine County Hospital, Inc.**

File Number : 800542253

Certificate / Charter forfeited : May 21, 2010

The Secretary of State finds that:

1. The Secretary has received certification from the Comptroller of Public Accounts under Section 171.302 of the Texas Tax Code indicating that there are grounds for the forfeiture of the taxable entity's charter, certificate or registration; and
2. The Comptroller of Public Accounts has determined that the taxable entity has not revived its forfeited privileges within 120 days after the date that the privileges were forfeited.

Therefore, pursuant to Section 171.309 of the Texas Tax Code, the Secretary of State hereby forfeits the charter, certificate or registration of the taxable entity as of the date noted above and records this notice of forfeiture in the permanent files and records of the entity.



A handwritten signature in black ink, appearing to read "Hope Andrade".

Hope Andrade
Secretary of State