

EXHIBIT A

Item 5

Applicant's Foreign Limited Partnership Registration

PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU

Application for Registration - Foreign
(15 Pa.C.S.)

- Registered Limited Liability General Partnership (§ 8211)
 Registered Limited Liability Limited Partnership (§ 8211)
 Limited Partnership (§ 8582)
 Limited Liability Company (§ 8981)

Name: _____
Address: **CT-COUNTER**
City: **76034850 Pa**

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the

Commonwealth of Pennsylvania
APPLICATION FOR REGISTRATION 3 Page(s)



T0927211004

Fee: \$250

In compliance with the requirements of the applicable provisions (relating to registration), the undersigned, desiring to register to do business in this Commonwealth, hereby states that:

1. The name to be registered is:
HealthTrust Purchasing Group, L.P.

2. (If the name set forth in paragraph 1 is not available for use in this Commonwealth, complete the following)
The name under which the limited liability company/limited liability partnership/limited partnership proposes to register and do business in this Commonwealth is:

3. The name of the jurisdiction under the laws of which it was organized and the date of its formation:
Jurisdiction: Delaware Date of Formation: 4/28/1999

4. The (a) address of its initial registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is:

(a) Number and street	City	State	Zip	County
(b) Name of Commercial Registered Office Provider C T Corporation System				County Philadelphia

PA857 - 181006 CT System Online

2009 SEP 14 PM 4: 00

PA DEPT OF STATE

2009 SEP 28 PM 3: 55

PA DEPT OF STATE

5 Check and complete one of the following:

The address of the office required to be maintained by it in the jurisdiction of its organization by the laws of that jurisdiction is:

Number and street	City	State	Zip

It is not required by the laws of its jurisdiction of organization to maintain an office therein and the address of its principal office is:

One Park Plaza	Nashville	TN	37203
Number and street	City	State	Zip

6 For Restricted Professional Limited Liability Company Only. Strike out if inapplicable. The company is a restricted professional company organized to render the following professional service(s):

N/A

Limited Liability Partnership and Limited Partnership: Complete paragraphs 7 and 8

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

Name	Business Address
CMS GP, LLC	One Park Plaza, 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 capital contribution is:

One Park Plaza - Legal Dept.	Nashville	TN	37203	Davidson
Number and street	City	State	Zip	County

The registered partnership hereby undertakes to keep those records until its registration to do business in the Commonwealth is canceled or withdrawn.

IN TESTIMONY WHEREOF, the undersigned has caused this Application for Registration to be signed by a duly authorized officer/member or manager thereof this

8th day of September, 2009

CMS GP, LLC, general partner

Name of Partnership/Company

By:

Dora A. Blackwood

Signature

Dora A. Blackwood, Vice President & Secretary of GP

Title



pennsylvania
DEPARTMENT OF BANKING

MARKET SQUARE PLAZA | 17 N SECOND STREET, SUITE 1300 | HARRISBURG, PA 17101
PH 717.787.2665 FX 717.787.6773 W www.banking.state.pa.us

September 23, 2009

717-783-2253

Dora A. Blackwood, Esquire
Senior Corporate Counsel
Hospital Corporation of America
One Park Plaza
Nashville, TN 37203

Dear Ms. Blackwood:

This will advise you that the Pennsylvania Department of Banking (the "Department") does not object to the use of the name "HealthTrust Purchasing Group, L.P."

It is understood that the applicant will not engage or represent to be engaged in any type of financial business, which would include, but not be limited to, the taking of deposits, the making of loans, acting as fiduciary, or the business of banking in general.

The Department's position is based on the facts, conditions, and representations you made in your letter dated September 21, 2009. Any changes in these facts, conditions, or representations could result in a reversal of the Department's position.

Very truly yours,

A handwritten signature in black ink that reads "Donna J. Metcalfe".

Donna J. Metcalfe
Administrator
Corporate Applications Division

DJM:jsb

cc: Cindy Lam Walker, CT Corporation System (via facsimile)