

National HealthCare Corporation

No. 5825 P. 2/2

**2004 FOR PROFIT CORPORATION
REINSTATEMENT**

DOCUMENT # 551337

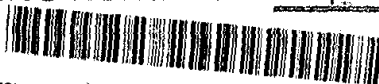
1. Entity Name
MEDICAL MANAGEMENT OF MACON, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 NOV 15 PM 4:43

REINSTATEMENT 04



10222004 REIN-P CR2E088 (6/04)

4. FBI Number:
59-1807994

5. Certificate of Status Desired ☐ \$8.75 additional
7. Name and Address of U. Fee Required

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of, registered agent.

SIGNATURE _____ City _____ FL Zip Code _____

(Signature typed or printed name of authorized agent and title in parentheses)

FILE NOW!! FEE IS \$150.00
After January 1, 2005, Fee will be \$300.00

(NOTE: Registered Agent signature required when reinstating)

10. OFFICERS AND DIRECTORS

In accordance with s. 807.193(2)(b), F.S., the corporation did not receive the prior notice.

NAME: YACHNOWITZ, STUART
STREET ADDRESS: 1393 BEECH BLVD.
CITY-ST. ZIP: ATLANTIC BEACH, NY 11509

TITLE	ATLANTIC BEACH, NY 11509
NAME	
STREET ADDRESS	☐ Delete
CITY-ST-ZIP	

CITY-ST ZIP
STREET NAME
APT/PO BOX ☐ Rental

☐ **DATE**
 STREET ADDRESS
 CITY-STATE-ZIP
 LF
 ZIP

MEET ADDRESS ☐ Delete

ET ADDRESS ☐ Delete

ST-ZIP

ST-21P

ADDRESS ☐ Del's

☐ Delete

hereby certify that the information supplied as indicated on this form is true and correct.

NAME _____
STREET ADDRESS _____
CITY, ST. ZIP _____

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

STREET ADDRESS
CITY- ST- ZIP
TITLE
NAME

NAME
STREET ADDRESS
CITY-ST-ZIP

FILE
NAME
STREET ADDRESS
CITY, ST., ZIP

ST-21P

ST. ADDRESS
ST. ZIP

ST ADDRESS
ST-ZIP

200042754652
11/15/04--01068--020 **150.00

☐ Change ☐ Assign

☐ Change ☐ Addition

SECRET
TALLAHASSEE

☐ Approved
☒ AND FILED
JAN 15 PM 1967
CLERK OF DISTRICT COURT
SEASIDE, CALIFORNIA

OFFICE OF THE STATE
CLERK OF THE
FLORIDA
PRM 1:2
Change Addition

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IDA
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SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stuart Yachnowitz

11-1-04 516-371-4000