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TRANSMITTAL LETTER

To: Oualification/Tax Lien Section Division of Corporations SUBJECT: National Provider Credentialing Service. (Name of corporation - must include suffix) Dear Sir or Madam: The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida. Please return all correspondence concerning this matter to the following: 800003198818 Marilyn J. Allen, Esq. (Name of Person) MAG Mutual Insurance Company (Firm/Company) 3525 Piedmont Rd., Bldg. 8, Ste. (Address) Atlanta, GA 30305 (City/State/Zip) Should you need to call someone concerning this matter, please call: Kimberly J. Fisher at (404 __) 842-5627 (Name of Person) (Area Code & Daytime Telephone Number) STREET ADDRESS: MAILING ADDRESS: Qualification/Tax Lien Section

Name Availability -Qualification/Tax Lien Section Documentivision of Corporations Division of Corporations Examine 109 E. Gaines St. P.O. Box 6327 Tallahassee, FL 32399 Tallahassee, FL 32314 Updater Enclosed is a check for the following amount: Updater Verifyer \$70.00 Filing Fee ☐ \$78.75 Filing Fee & □ \$78.75 Filing Fee & □ \$87.50 Filing Fee. Certificate of Status DCC Certified Copy **toknowledgement** Certificate of Status & Certified Copy UCC

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W. P. Verifyer

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.) 2. Virginia 3. 54-1777843 (State or country under the law of which it is incorporated) 4. September 8, 1995				
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4. September 8, 1995 (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") 6. N/A Con Quanticotion (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 7. 3025 Breckinridge Blvd. Duluth, GA 30096 (Current mailing address) (Current mailing address) 8. Credentials verification for all healthcare providers (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)				
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Name: C T Corporation System				
c/o C T Corporation System				
Office Address: 1200 South Pine Island Road				
Plantation , Florida, 33324				
(Zip code)				

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 obligations of my position as registered agent.

(Registered agent's signature)

ASSISTANT SECRETARY

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- 11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.
- 12. Names and addresses of officers and/or directors: (Street address ONLY P.O. Box NOT acceptable)

	CORS (Street address only - P.O. Box NOT acceptable)
Chairman:	Roy W. Vandiver, M.D.
	3525 Piedmont Rd., Building 8, Suite 600
_	Atlanta, GA 30305
Vice Chair	an:
Director: _	William C. Collins, M.D.
	6000 Winterthur Dr., NW
_	Atlanta, GA 30328
Director: _	See Attached
Address: _	
_	
B. OFFIC	ERS (Street address only - P.O. Box NOT acceptable)
President: _	Stephen M. Schuster, Jr.
Address: _	2919 Alton_Square, #408
	erndon, VA 20170
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	₩ 30 X 30
Secretary: _	
Address:	3525 Piedmont Rd., Bldg. 8, Ste. 600
	Atlanta, GA 30305
Treasurer:	Marc D. Hammett
- Address:	3525 Piedmont Rd., Bldq. 8, Ste. 600
	Atlanta, GA 30305
— 	
4 -	ecessary, you may attach an addendum to the application listing additional officers and/or directors.
.s. 11/0/11	Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
4. <u>Mari</u>	lyn J. Allen, Secretary
	(Typed or printed name and capacity of person signing application)

National Provider Credentialing Service, Inc. Application for Authorization to Transact Business in Florida

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Δ.	Directors

<u>Name</u>	<u>Title</u>	<u>Address</u>
E. Daniel DeLoach, M.D.	Director	4750 Waters Ave.
		Suite 500
		Savannah, GA 31404
Philip Z. Israel, M.D.	Director	702 Canton Rd., NE
		Marietta, GA 30060
Thomas M. Gose	Director	3525 Piedmont Rd.
		Building 8, Suite 600
		Atlanta, GA 30305
Darrell O. Grimes	Director	3025 Breckinridge Blvd.
		Duluth, GA 30096
Alva L. Mayes, Jr., M.D.	Director	550 Professional Dr.
		Macon, GA 31201
Jack F. Menendez, M.D.	Director	700 Spring St.
		Macon, GA 31201
Stephen M. Schuster, Jr.		
Stephen M. Schuster, Jr.		Macon, GA 31201

B. Officers

Officers		
Name	<u>Title</u>	Address
Deborah A. Banfield	Assistant Secretary	3525 Piedmont Rd.
		Building 8, Suite 600
		Atlanta, GA 30305
Darrell O. Grimes	Chief Executive Officer	3025 Breckinridge Blvd.
		Duluth, GA 30096
	Name Deborah A. Banfield	Name Deborah A. Banfield Title Assistant Secretary

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State Corporation Commission

I Certify the Following from the Records of the Commission:

NATIONAL PROVIDER CREDENTIALING SERVICE, INC. is a corporation existing under and by virtue of the laws of Virginia, and is in good standing.

The date of incorporation is September 08, 1995.

Nothing more is hereby certified.

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SECRETARY OF STATE
TALLAHASSEE EI ODINA



Signed and Sealed at Richmond on this Date: March 27, 2000

Joel H. Peck, Clerk of the Commission