

F03000000334

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Archbold Health Services, Incorporated
(Name of Corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Gail Morrison, Administrative Assistant
(Name of Person)

700007021607--5
-08/09/02--01071--003
*****87.50 *****87.50

Archbold Home Health Services
(Firm/Company)

400 Old Albany Road/Post Office Box 620
(Address)

Thomasville, Georgia 31799
(City/State and Zip Code)

For further information concerning this matter, please call:

Gail Morrison at (229) 227-6809 - 113
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

W02-23176

J. BRYAN AUG 12 2002

J. BRYAN JAN 22 2003

Archbold Home Health Services

P.O. Box 620 • 400 Old Albany Road
Thomasville, Georgia 31799-0620
(229) 227-6809

FILED
2003 JAN 22 PM 3:59
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

January 16, 2003

Joey Bryan
Document Specialist
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

RE: Letter dated January 7, 2003
Subject: Archbold Health Services, Incorporated
Reference: W02000023176

Thank you for your assistance in this process. I have attached the following documents for your inspection and filing.

- A. Copy of Letter dated January 7, 2003, as requested.
- B. Application By Foreign not for Profit Corporation for Authorization to Conduct its Affairs in Florida.
- C. Document containing #12 of application with names and addresses of officers and and/ or directors signed by the Chairman of the Board for Archbold Health Services, Miss Wendy Bicknell.
- D. Attachment listing names of board of directors for #12 of application.

Please contact me directly at 229-227-6813 extension 113 if there are further documents needed to complete this application. Again, thank you for your diligence in making this happen.

Respectfully Submitted,



Gail Morrison
Administrative Assistant III

CC: Karen Gardner Head, RN, BSN
Administrator, Archbold Home Health Services

File Copy
Pamela M. Wright
Assistant to Dale S. Davidson

Enclosures

Brooks Co. Branch
910 N. Court Street
Quitman, Georgia 31643
(229) 263-4444

Jefferson Co. Branch
555 N. Jefferson St.
Monticello, Florida 32344
(850) 997-4030

Mitchell Co. Branch
90 Stephens Street
Camilla, Georgia 31730
(229) 336-5381

Grady Co. Branch
240 5th Street N.E.
Cairo, Georgia 31728
(229) 377-6911

Affiliated with Archbold Health Services Inc.



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

January 7, 2003

GAIL MORRISON, ADMIN. ASST.
ARCHBOLD HOME HEALTH SERVICES
PO BOX 620
THOMASVILLE, GA 31799

SUBJECT: ARCHBOLD HEALTH SERVICES, INCORPORATED
Ref. Number: W02000023176

FILED
2003 JAN 22 PM 3:59
DIV. OF CORPORATIONS
TALLAHASSEE, FLORIDA

You failed to make the correction(s) requested in our previous letter.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

No list of directors/officers attached.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 903A00000685

*Received + forwarded copy
to Dail Roberson + Karen
1/13/03
WDM
HM*



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

August 12, 2002

GAIL MORRISON
ARCHBOLD HOME HEALTH SERVICES
PO BOX 620
THOMASVILLE, GA 31799

SUBJECT: ARCHBOLD HEALTH SERVICES, INCORPORATED
Ref. Number: W02000023176

FILED
2003 JAN 22 PM 3:59
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for ARCHBOLD HEALTH SERVICES, INCORPORATED and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report/uniform business report fees due this office.)

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 002A00047698

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA**

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:

1. Archbold Health Services, Inc.
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or 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. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
2. Georgia, U.S.A. 3. 58-1376434
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. May 11, 1983 5. perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. upon qualification
(Date corporation first conducted Affairs in Florida - See sections 617.1501, 617.1502, and 817.155, F.S.)
7. 400 Old Albany Road, Thomasville, GA 31792
(Principal office address)
P. O. Box 620, Thomasville, GA 31799
(Current mailing address)
8. Home health care delivery
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: Jana H. Grubbs

Office Address: 555 N. Jefferson St.

Monticello

(City)

Florida

32344

(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.

Jana H. Grubbs

(Registered agent's signature)

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:

A. DIRECTORS

Chairman: see attached

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: see attached

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Wendy H. Bicknell
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Wendy Bicknell, AHS-Chairman
(Typed or printed name and capacity of person signing application)

FILED
2003 JUN 22 PM 3:59
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARCHBOLD HEALTH SERVICES
BOARD OF TRUSTEES
2002-2003

FILED
2003 JAN 22 PM 3:59
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ABRAMS, NATHANIEL	1412 ORANGE STREET	228-1770	228-2227
BEVERLY, KEN B.	910 SOUTH BROAD STREET		228-2739
BICKNELL, MISS WENDY	POST OFFICE BOX 1248		225-9980
J. BUCKLEY DAVIS, M.D.	POST OFFICE BOX 520		226-8881
JEFFERSON, ROBERT H., JR.	POST OFFICE BOX 1197		226-3221
REAMS, CALVIN J., M.D.	210 WEST HANSELL STREET		228-4130
FENLON, PATRICK B., M.D.	119 WEST HILL STREET		225-1900

EX-OFFICIO MEMBER:

MOONEY, RICHARD G. III	POST OFFICE BOX 1116	225-1500
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OFFICERS

CHAIRMAN	MISS WENDY BICKNELL
VICE CHAIRMAN	ROBERT H. JEFFERSON, JR.
SECRETARY/TREASURER	NATHANIEL ABRAMS
PRESIDENT	KEN B. BEVERLY
ASSISTANT SECRETARY.....	J. WILLIAM SELLERS, JR.

ADDRESS: 910 North Broad Street, Thomasville, Georgia

EXECUTIVE COMMITTEE

Meets on call

Miss Wendy Bicknell, Chairman
Robert H. Jefferson, Jr.
Nathaniel Abrams

NOMINATING AND BYLAWS COMMITTEE

Meets on call

Robert H. Jefferson, Jr., Chairman
Nathaniel Abrams
Calvin Reams, M.D.

Secretary of State
Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

DOCKET NUMBER : 022881012
CONTROL NUMBER : J306726
DATE INC/AUTH/FILED: 09/26/1979
JURISDICTION : GEORGIA
PRINT DATE : 10/15/2002
FORM NUMBER : 211

FILED
2003 JAN 22 PM 3:55
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ALEXANDER & VANN LLP
DALE S. DAVIDSON
POB 1479
THOMASVILLE, GA 31799

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

ARCHBOLD HEALTH SERVICES, INC.
A DOMESTIC NONPROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



Cathy Cox

Cathy Cox
Secretary of State