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2004 JUL 8 P 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

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2004 JUL 18 P 12:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO: Registration Section
Division of Corporations

SUBJECT: 24 ON Physicians, PC
(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:

Leslie E. Brooks, Paralegal

(Name of Person)

Gambrell & Stolz, LLP

(Firm/Company)

Suite 1600 3414 Peachtree Road, NE

(Address)

Atlanta, GA 30326-1164

(City/State and Zip code)

For further information concerning this matter, please call:

Leslie E. Brooks

(Name of Person)

at (404) 223-2211

(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

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA

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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

8 P 12:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. **24 ON Physicians, PC**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. **Georgia**

(State or country under the law of which it is incorporated)

3. **58-2569828**

(FEI number, if applicable)

4. **09/14/2000**

(Date of incorporation)

5. **Perpetual**

(Duration: Year corp. will cease to exist or "perpetual")

6. **Upon Qualification**

(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. **318 Maxwell Road Suite 500, Alpharetta GA 30004**

(Principal office address)

318 Maxwell Road Suite 500, Alpharetta GA 30004

(Current mailing address)

8. **Rendition of inpatient management of general medicine patients in acute care hospital setting.**

(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)

Name: **HIQ CORPORATE SERVICES, INC.**

Office Address: **526 EAST PARK AVENUE SUITE 200**

TALLAHASSEE

(City)

, Florida **32301**

(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.

HIQ CORPORATE SERVICES, INC.

Dawn A. McNew *Asst. Sec.*
(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 business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: **Robert J. Holloway, M.D.**

Address: **318 Maxwell Road S-500**

Alpharetta, GA 30004

Director: **Shaham Tehrani, M.D.**

Address: **318 Maxwell Road S-500**

Alpharetta, GA 30004

B. OFFICERS

President: **Robert J. Holloway, M.D.**

Address: **318 Maxwell Road S-500**

Alpharetta, GA 30004

Vice President: **Dan Fuller**

Address: **318 Maxwell Road S-500**

Alpharetta, GA 30004

Secretary: **Dan Fuller**

Address: **318 Maxwell Road S-500, Alpharetta, GA 30004**

Treasurer: **Dan Fuller**

Address: **318 Maxwell Road S-500, Alpharetta, GA 30004 (See Attached Addendum)**

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

13. Dan Fuller

(Signature of Director or Officer listed in number 12 of the application)

14. **Dan Fuller - Vice President**

(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Addendum to 24 ON Physicians, P.C.)

OFFICERS: Name and Title

Shaham Tehrani, M.D. – Vice President

Mary Germann – Vice President

Business Address

318 Maxwell Road, Suite 500
Alpharetta, GA 30004

318 Maxwell Road, Suite 500
Alpharetta, GA 30004

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Secretary of State

Corporations Division

315 West Tower

#2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CONTROL NUMBER : 0045128
DATE INC/AUTH/FILED: 09/14/2000
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FORM NUMBER : 211

GAMBRELL & STOLZ
LESLIE E. BROOKS
3414 PEACHTREE ROAD N.E., SUITE 1600
ATLANTA, GA 30326

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 as of the above print date

24 ON PHYSICIANS, PC
A PROFESSIONAL CORPORATION

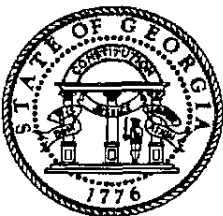
is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated.

Said entity was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date 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 print date above. 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 information is electronically transmitted, issued and certified in accordance with the Georgia Electronic Records and Signatures Act and 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.

20040614213303992



Cathy Cox
Secretary of State