

F08000000855

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000049601 3)))



H080000496013ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA0000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

FILED
08 FEB 26 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOREIGN PROFIT/NONPROFIT CORPORATION

AMGP Georgia Managed Care Company, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	045
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

MRD 2/27

**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.*

1. AMGP Georgia Managed Care Company, Inc.

(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. 06-1696189

(FBI number, if applicable)

4. 06/11/03

(Date of incorporation)

5. Perpetual

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

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 303 Perimeter Center North, Suite 400, Atlanta GA 30246

(Principal office address)

same

(Current mailing address)

8. Managed Care

(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 NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324

(City) (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.

C T Corporation System

By: _____

(Registered agent's signature)

Judith B. Argao
Asst. Secretary & V. President

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:

FILED
08 FEB 26 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. DIRECTORS

Chairman: C. Brian Shipp

Address: 22 Century Blvd., Suite 310

Nashville TN 37214

Vice Chairman: Melvin Lindsey

Address: 303 Perimeter Center North, Suite 400

Atlanta GA 30346

Director: Tisch Scott

Address: 303 Perimeter Center North, Suite 400

Atlanta GA 30346

Director: Nicholas Pace

Address: 4425 Corporation Lane

Virginia Beach, Virginia 23462

B. OFFICERS

President: Melvin Lindsey

Address: 303 Perimeter Center North, Suite 400

Atlanta GA 30346

Vice President: Tisch Scott

Address: 303 Perimeter Center North, Suite 400

Atlanta GA 30346

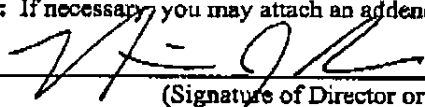
Secretary: Stanley F. Baldwin

Address: 4425 Corporation Lane, Virginia Beach VA 23462

Treasurer: Scott Anglin

Address: 4425 Corporation Lane, Virginia Beach VA 23462

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

13. 
(Signature of Director or Officer listed in number 12 of the application)

14. Nicholas Pace, Director, Vice President and Assistant Secretary
(Typed or printed name and capacity of person signing application)

A. DIRECTORS (cont'd)

Director: James Tan

Address: 4425 Corporation Lane, Virginia Beach, VA 23462

Control No. 0332018

STATE OF GEORGIA

Secretary of State

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

CERTIFICATE OF EXISTENCE

I, Karen C Handel, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

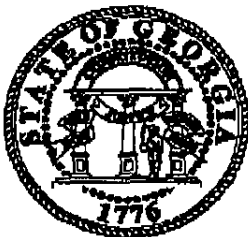
AMGP GEORGIA MANAGED CARE COMPANY, INC.

Foreign Insurance Companies

was duly incorporated or authorized to transact business in Georgia on 06/11/2003. Said corporation 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.

This certificate is issued under the authority of Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence of the existence or nonexistence of the facts stated herein.

This certificate applies only to filings pursuant to Title 14 of the Official Code of Georgia Annotated. Information concerning insurance related filings must be certified by the Georgia Commissioner of Insurance.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 26th day of February, 2008

Karen C Handel
Secretary of State

Certification Number: 2098257-1 Reference:
Verify this certificate online at <http://corp.sos.state.ga.us/corp/soskb/verify.asp>

FILED
08 FEB 26 AM 11:43
SECRETARY OF STATE
ATLANTA, GEORGIA