

Fa 800,000 2789

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

(Business Entity Name)

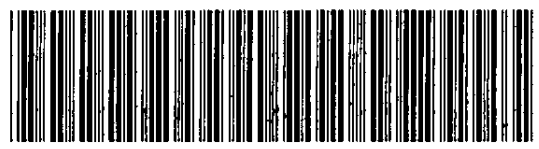
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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06/23/08--01003--007    \*\*8050.00

06/16/08--01035--007    \*\*78.75

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

73.

T. Burch JUN 23 2008

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Southeastern Pathology Associates @ Putnam Community Medical Center, Inc.  
(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:

J. Thomas Whelchel

(Name of Person)

Whelchel & McQuigg, LLC

(Firm/Company)

504 Beachview Drive, Suite 3D

(Address)

St. Simons Island, GA 31522

(City/State and Zip code)

For further information concerning this matter, please call:

J. Thomas Whelchel

(Name of Person)

at ( 912 ) 638-1174

(Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing 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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 17, 2008

J. THOMAS WHELCHER  
504 BEACHVIEW DRIVE STE 3D  
ST SIMONS ISLAND, GA 31522

SUBJECT: SOUTHEASTERN PATHOLOGY ASSOCIATES @ PUTMAN  
COMMUNITY MEDICAL CENTER, INC.  
Ref. Number: W08000029308

We have received your document for SOUTHEASTERN PATHOLOGY ASSOCIATES @ PUTMAN COMMUNITY MEDICAL CENTER, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$8,050.00.

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) 245-6928.

Tim Burch  
Regulatory Specialist II

Letter Number: 908A00036883

**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. Southeastern Pathology Associates @ Putnam Community Medical Center, 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 USA 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. April 16, 2001 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. April 16, 2001  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 3011 Hampton Avenue, Brunswick, GA 31520  
(Principal office address)  
3011 Hampton Avenue, Brunswick GA 31520  
(Current mailing address)

8. Pathology Practice  
(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: Kay W. Fellows

Office Address: Highway 20 West - Putnam Community Medical Center  
Palatka, Florida 32117  
(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.*

  
(Registered agent's signature) Kay W. Fellows

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.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: Patrick E. T. Godbey

Address: 3011 Hampton Avenue

Brunswick GA 31520

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Mark G. Hanly

Address: 3011 Hampton Avenue

Brunswick GA 31520

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Patrick E. T. Godbey

Address: 3011 Hampton Avenue

Brunswick GA 31520

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: Mark G. Hanly

Address: 3011 Hampton Avenue, Brunswick GA 31520

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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

13. 1

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

14. \_\_\_\_\_

President Patrick E. T. Godbey

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

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REC'D ACT OF STATE  
TALLAHASSEE, FLORIDA

Control No. 0118154

# STATE OF GEORGIA

## Secretary of State

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## 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

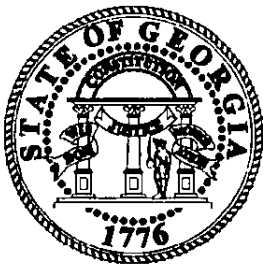
### **SOUTHEASTERN PATHOLOGY ASSOCIATES @ PUTNAM COMMUNITY MEDICAL CENTER, INC.**

#### **Domestic Profit Corporation**

was formed or was authorized to transact business on 04/16/2001 in Georgia. 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.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 9th day of June, 2008

Karen C Handel  
Secretary of State