

F09000003512

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

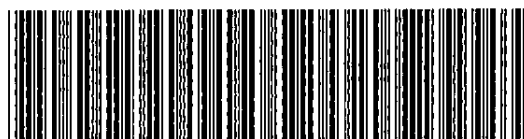
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500159630315

09/02/09--01003--025 **87.50

RECEIVED
09 SEP -2 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
09 SEP -2 AM 10:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. McKnight SEP 03 2009



CT

a Wolters Kluwer business

CT
1203 Governors Square Blvd.
Tallahassee, FL 32301-2960

850 222 1092 tel
850 222 7615 fax
www.ctlegalsolutions.com

September 2, 2009

Department of State, Florida
Clifton Building
2611 Executive Center Circle
Tallahassee FL 32301

Re: Order #: 7644854 SO
Customer Reference 1: None Given
Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

Healthcare Properties Leasing, Inc. (GA)
Qualification
Florida

Healthcare Properties Leasing, Inc. (GA)
Cert Copy of Certificate of Authority
Florida

Healthcare Properties Leasing, Inc. (GA)
Certificate of Status/Authorization-Foreign
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Connie Bryan
Assistant Secretary

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Healthcare Properties, Leasing, 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:

Bobbie Houston

Name of Person

UHS-Pruitt Corporation

Firm/Company

211 E Doyle Street

Address

Toccoa, GA 30577

City/State and Zip code

P O Box 1210, Toccoa, GA 30577

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bobbie Houston

Name of Person

at (706) 827-2065

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

**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. Healthcare Properties, Leasing, 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 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 7/29/2005 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 1626 Jeurgens Court Norcross, GA 30093
(Principal office address)

P O Box 1210, Toccoa, GA 30577
(Current mailing address)

8. Property Leasing
(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: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

FILED
09 SEP -2 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Michael Seraphin

(Registered agent's signature)

Michael Seraphin Asst. Secretary

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: Neil L. Pruitt, Jr.

Address: 1626 Jeurgens Court, Norcross, GA 30093

Vice Chairman: R. Lawrence Williams

Address: 211 E Doyle Street, Toccoa, GA 30577

Director: Greg Wren

Address: 1626 Jeurgens Court Norcross, GA 30093

Director: _____

Address: _____

B. OFFICERS

President: Neil L. Pruitt, Jr.

Address: 1626 Jeurgens Court Norcross, GA 30093

Vice President: R. Lawrence Williams

Address: 211 E Doyle Street, Toccoa, GA 30577

Secretary: Nancy W. Pruitt

Address: 211 E Doyle Street, Toccoa, GA 30577

Treasurer: _____

Address: _____

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. Neil L. Pruitt Jr., Chairman and CEO

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

FILED
09 SEP - 2 AM 10:25
CLERK OF STATE
TALLAHASSEE, FLORIDA

Control No. 0551338

STATE OF GEORGIA

Secretary of State

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

CERTIFICATE OF EXISTENCE

FILED
09 SEP -2 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

HEALTHCARE PROPERTIES, LEASING, INC.

Domestic Profit Corporation

was formed or was authorized to transact business on 07/29/2005 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 28th day of August, 2009

Karen C Handel
Secretary of State