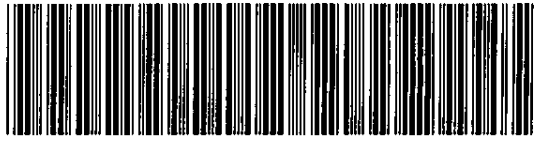


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06/25/10--01017--013 **950.00

05/12/10--01017--007 **87.50

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(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

W100000023457

YMD 6/28

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: MAG Mutual Healthcare Solutions, 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," or "Certificate of Good Standing" 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:

Katina Lett
Name of Person

MAG Mutual Healthcare Solutions, Inc.
Firm/Company

3525 Piedmont Rd NE, Bldg 8-600
Address

Atlanta, GA 30305-1556
City/State and Zip code

klett@magmutual.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Katina Lett at (404) 842-5627
Name of Person 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

May 13, 2010

KATINA LETT
3525 PIEDMONT RD. NE, BODG 8-600
ATLANTA, GA 30305-1556

SUBJECT: MAG MUTUAL HEALTHCARE SOLUTIONS, INC.
Ref. Number: W10000023452

We have received your document for MAG MUTUAL HEALTHCARE SOLUTIONS, INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$950.00.

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) 245-6062.

Eula Peterson
Regulatory Specialist II

Letter Number: 310A00012125

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

MMHSI (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. 58-2244533 (FEI number, if applicable)

4. May 30, 1996 (Date of incorporation) 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")

6. April 1, 2007 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 3525 Piedmont Rd NE, Bldg 8-600, Atlanta, GA 30305-1556 (Principal office address)

3525 Piedmont Rd NE, Bldg 8-600, Atlanta, GA 30305-1556 (Current mailing address)

8. To provide support services to physician clients to include medical billing & coding publications (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 Systems

Office Address: 1200 S. 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.

Ternell Kearney Asst. Secretary (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.

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

A. DIRECTORS

Chairman: See Attached List

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: See Attached List

Address: _____

Vice President: _____

Address: _____

Secretary: _____

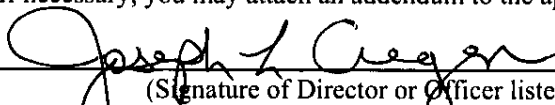
Address: _____

Treasurer: _____

Address: _____

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

13. _____



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

14. Joseph L. Cregan; Corp. Secretary

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

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**Directors and Officers
MAG Mutual Healthcare Solutions, Inc.**

Directors:

<u>Name</u>	<u>Title</u>	<u>Business Address</u>
Roy W. Vandiver, M.D.	Chairman of the Board	3525 Piedmont Road NE, Bldg 8 Atlanta, GA 30305-1556
Catherine S. Andrews, M.D.	Director	3825 Cherokee Street Kennesaw, GA 30144
Benjamin H. Cheek, M.D.	Director	2000 Hamilton Road Columbus, GA 31904-8927
William C. Collins, M.D.	Director	6000 Winterhur Dr., N.W. Atlanta, GA 30328
E. Daniel DeLoach, M.D.	Director	7208 Hodgson Memorial Dr. Savannah, GA 31406
H. Alexander Easley, III, M.D.	Director	1210 North Brown Street Washington, NC 27889
Joseph S. Wilson, Jr., M.D.	Director	755 Mount Vernon Highway Suite 530 Atlanta, GA 30328

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Officers:

<u>Name</u>	<u>Title</u>	<u>Business Address</u>
Darrell O. Grimes	Chief Executive Officer	3525 Piedmont Road NE, Bldg 8-600 Atlanta, GA 30305-1556
David A. Miller	President	3525 Piedmont Road NE, Bldg 8-600 Atlanta, GA 30305-1556
Thomas Bryan Carter	Vice President	3525 Piedmont Road NE, Bldg 8-600 Atlanta, GA 30305-1556
Alan Mercaldo	Vice President, Information Systems & Chief Information Officer	3525 Piedmont Road NE, Bldg 8-600 Atlanta, GA 30305-1556
Marc D. Hammett	Treasurer & Assistant Secretary	3525 Piedmont Road NE, Bldg 8-600 Atlanta, GA 30305-1556
Joseph L. Cregan	Secretary	3525 Piedmont Road NE, Bldg 8-600 Atlanta, GA 30305-1556

Control No. K617098

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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CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

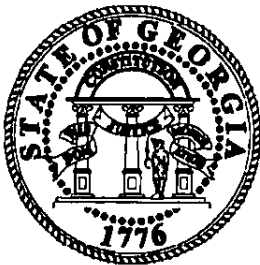
MAG MUTUAL HEALTHCARE SOLUTIONS, INC.

Domestic Profit Corporation

was formed or was authorized to transact business on 05/30/1996 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 21st day of June, 2010

Brian P. Kemp
Secretary of State