

F1200004091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

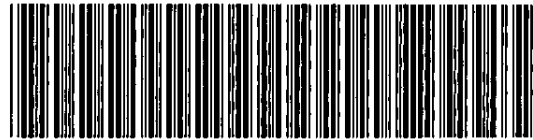
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500240182155

10/05/12--01022--027 **87.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 OCT -5 AM 9:17

PS 10/8/12

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Mayo Clinic Health System in Waycross, Inc.
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Good Standing" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Stephen P. Nelson

Name of Person

Mayo Clinic in Florida

Firm/Company

4500 San Pablo Road

Address

Jacksonville, FL 32224

City/State and Zip Code

Nelson.Stephen@mayo.edu

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

For further information concerning this matter, please call:

Stephen P. Nelson

Name of Person

at (904) 953-2399
Area Code & Daytime Telephone Number

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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

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 NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

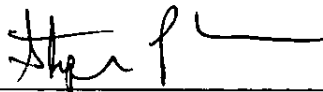
IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. Mayo Clinic Health System in Waycross, Inc.
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
2. Georgia 3. 58-1667166
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. May 28, 1985 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. N/A
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 1900 Tebeau Street, Waycross, GA 31501
(Principal office address)
1900 Tebeau Street, Waycross, GA 31501
(Current mailing address)
8. Delivery of medical and healthcare services
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)
Name: Stephen P. Nelson
Office Address: 4500 San Pablo Road
Jacksonville, Florida 32224
(City) (Zip Code)

RECEIVED
DIVISION OF CORPORATIONS
OCT-5 AM 9:17

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)

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 addresses of officers and/or directors:

A. DIRECTORS

Chairman: Kenneth Calamia, M.D.

Address: 4500 San Pablo Road

Jacksonville, FL 32224

Vice Chairman: Stephen Lange, M.D.

Address: 4500 San Pablo Road

Jacksonville, FL 32224

Director: Charles Burger, M.D.

Address: 4500 San Pablo Road

Jacksonville, FL 32224

Director: Wade Dye, M.D.

Address: 1900 Tebeau Street

Waycross, GA 31501

B. OFFICERS

President: Kenneth Calamia, M.D.

Address: 4500 San Pablo Road

Jacksonville, FL 32224

Vice President: Stephen Lange, M.D.

Address: 4500 San Pablo Road

Jacksonville, FL 32224

Secretary: Robert Trimm

Address: 1900 Tebeau Street, Waycross, GA 31501

Treasurer: Robert Trimm

Address: 1900 Tebeau Street Waycross, GA 31501

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

13. 

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. ROBERT M. TRIMM, CHIEF ADMINISTRATIVE OFFICER

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

RECEIVED
DIVISION OF CORRECTIONS
OCT - 5 AM 9:17
TALLAHASSEE, FLA.

Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida

ADDENDUM

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

A. DIRECTORS (continued)

Director: Donald Waters, M.D.

Address: 1900 Tebeau Street, Waycross, GA 31501

Director: Robert Trimm

Address: 1900 Tebeau Street, Waycross GA 31501

Director: Robert Walters

Address: 4500 San Pablo Road, Jacksonville, FL 32224

Director: Owen Herrin

Address: 1900 Tebeau Street, Waycross GA 31501

Director: Z. A. Music

Address: 1900 Tebeau Street, Waycross GA 31501

B. OFFICERS (continued)

Assistant Secretary: Robert Brigham

Address: 4500 San Pablo Road, Jacksonville, FL 32224

Assistant Secretary: Robert Walters

Address: 4500 San Pablo Road, Jacksonville, FL 32224

Assistant Treasurer: Mary Hoffman

Address: 4500 San Pablo Road, Jacksonville, FL 32224

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 OCT -5 AM 9:17

Control No. J508553

STATE OF GEORGIA

Secretary of State

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Drive
Atlanta, Georgia 30334-1530

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

MAYO CLINIC HEALTH SYSTEM IN WAYCROSS, INC.

Domestic Non-Profit Corporation

was formed or was authorized to transact business on 05/28/1985 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 17th day of September, 2012

B. P. Kemp

Brian P. Kemp
Secretary of State