

F13000003499

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

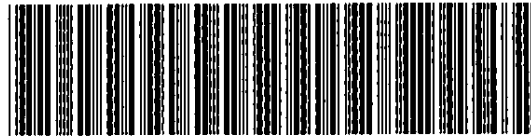
(Business Entity Name)

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13 AUG 15 AM 11:03

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13 AUG 15 AM 8:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRP
8/16/13

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DATE: 8/15/13

NAME: GEORGIA MEDICAL CARE FOUNDATION, INC

TYPE OF FILING: APPLICATION

COST: 70.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: GEORGIA MEDICAL CARE FOUNDATION, 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 Status" 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:

LEANA GUZMAN

Name of Person

REGISTERED AGENT SOLUTIONS INC.

Firm/Company

1701 DIRECTORS BLVD.

SUITE 300

Address

AUSTIN, TX 78744

City/State and Zip Code

CLIENTSERVICES@RASI.COM

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

For further information concerning this matter, please call:

LEANA GUZMAN

Name of Person

at (888) 705-7274

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:

- | | | | |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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. GEORGIA MEDICAL CARE FOUNDATION, 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. 58-1109530
(State or country under the law of which it is incorporated) (FEL number, if applicable)
4. 10/20/1970 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon Approval
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 1455 Lincoln Parkway East Suite 800 Atlanta, GA 30346-2289
(Principal office address)
- _____
(Current mailing address)

8. Educational/Scientific
(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: REGISTERED AGENT SOLUTIONS, INC.
Office Address: 155 Office Plaza Dr. Suite A
Tallahassee, Florida 32301
(City) (Zip Code)

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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.

Jaclyn Wright

Jaclyn Wright, 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.

12. Names and addresses of officers and/or directors

A. DIRECTORS

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Chairman: _____ 13 AUG 15 AM 8:42

Address: _____ SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: DENNIS L. WHITE

Address: 1455 LINCOLN PKWY E STE 800 ATLANTA, GA 30346

Vice President: LORIE STEFFAN

Address: 1455 LINCOLN PKWY E STE 800 ATLANTA, GA 30346

Secretary: Charles Foster

Address: 1455 LINCOLN PKWY E STE 800 ATLANTA, GA 30346

Treasurer: _____

Address: _____

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

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

14. LORIE STEFFAN, EXEC. VICE PRESIDENT/CFO
(Typed or printed name and capacity of person signing application)

STATE OF GEORGIA

Secretary of State
Corporations Division
313 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CONTROL NUMBER : H005778
DATE INC/AUTH/FILED : October 20, 1970
JURISDICTION : Georgia
PRINT DATE : 8/14/2013 4:09:14 PM

FILED
13 AUG 15 AM 8:43
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under seal of my office that

GEORGIA MEDICAL CARE FOUNDATION, INC.
A Domestic Corporation

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. 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.



B. P. Kemp

Brian P. Kemp
Secretary of State