

F13000003499

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

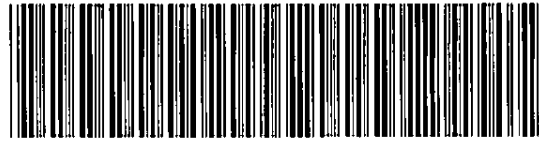
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000442587540

FILED

2025 JAN 30 PM 1:41

STATE  
TALLAHASSEE, FL

RECEIVED

2025 JAN 30 AM 11:20

STATE  
TALLAHASSEE, FL

AB



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations  
From: Amanda Miller  
Ext: x62969  
Date: 01/30/25  
Order #: 1782421-3  
Re: Alliant Health Solutions, Inc.  
Processing Method: Routine

A handwritten signature in black ink, appearing to read "Amanda Miller", is written over the signature line.

TO WHOM IT MAY CONCERN:

Enclosed please find:

Supporting Documents

Amount to be deducted from our State Account: \$35.00 - FL State Account Number:  
120000000195

Please take the following action:

File in your office on basis  
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Georgia Medical Care Foundation, Inc.

\_\_\_\_\_  
Name of Corporation

**DOCUMENT NUMBER:** F13000003499

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Greg Greenlow

\_\_\_\_\_  
Name of Contact Person

Alliant Health Solutions

\_\_\_\_\_  
Firm/Company

400 Perimeter Center Ter, Ste. 250

\_\_\_\_\_  
Address

Atlanta, GA 30346

\_\_\_\_\_  
City/State and Zip Code

Greg.Greenlow@AlliantHealth.org

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

For further information concerning this matter, please call:

Greg Greenlow

\_\_\_\_\_  
Name of Contact Person

at ( 678 ) 527-3419  
\_\_\_\_\_  
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35.00 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☒ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee.  
Certificate of Status &  
Certified Copy  
(Additional copy is  
enclosed)

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ORATION TO FILE  
 AFFAIRS IN FLORIDA  
 2025 JAN 30 PM 1:41  
 SEPT. 1964 OF STATE  
 TALLAHASSEE, FL

**F13000003499**

(Document Number of Corporation (If known))

- (Name of corporation as it appears on the records of the Department of State)

## SECTION II

- (New duration)

(Date)

- (New jurisdiction)

(Date)

- (Signature of the chairman or vice chairman of the board, president, or other officer -  
if in the hands of a receiver, trustee, or other court-appointed fiduciary, by that fiduciary)

(Typed or printed name of the person signing)

(Title of person signing)

# STATE OF GEORGIA

## Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

### CERTIFICATE OF ENTITY HISTORY

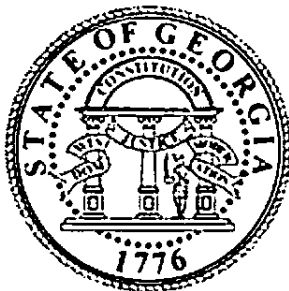
I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

**Alliant Health Solutions, Inc.**  
a Domestic Nonprofit Corporation

was formed in the jurisdiction set forth below on the below date. Said entity has filed in the office of the Secretary of State the documents listed on exhibit "A" attached hereto. 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, a certificate of cancellation, a statement of commencement of winding up or any other similar document with the Secretary of State. The Secretary of State has no information available concerning the financial condition or business activities of this corporation.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence of the existence or nonexistence of the facts stated herein.

Docket Number : 28568564  
Date Inc/Auth/Filed: 10/20/1970  
Jurisdiction : Georgia  
Print Date : 01/29/2025  
Form Number : 217



*Brad Raffensperger*

**Brad Raffensperger**  
Secretary of State

# EXHIBIT "A" TO CERTIFICATE OF ENTITY HISTORY

## Alliant Health Solutions, Inc.

Filing Description	Filed Date
Business Formation	Oct 20, 1970
Restated Articles	Jun 25, 1992
Annual Registration	Apr 01, 1999
Annual Registration	Apr 01, 2000
Annual Registration	May 01, 2001
Annual Registration	Mar 01, 2002
Annual Registration	Feb 19, 2004
Annual Registration	Jan 19, 2005
Annual Registration	Jan 26, 2006
Annual Registration	Jan 27, 2007
Annual Registration	Mar 10, 2008
Annual Registration	Feb 18, 2009
Annual Registration	Jan 20, 2010
Annual Registration	Mar 25, 2010
Annual Registration	Feb 04, 2011
Annual Registration	Feb 16, 2012
Annual Registration	May 10, 2013
Annual Registration	Mar 07, 2014
Annual Registration	Dec 29, 2014
Annual Registration	Jun 19, 2015
Annual Registration	Jan 05, 2016
Annual Registration	Jan 12, 2017
Annual Registration	Jan 11, 2018
Business Amendment Name Change	May 07, 2018
Annual Registration	Jan 09, 2019
Merger	Oct 31, 2019
Annual Registration	Jan 24, 2020
Annual Registration	Jan 15, 2021
Merger	Oct 21, 2021
Merger	Oct 21, 2021
Annual Registration	Jan 18, 2024
Amended Annual Registration	Oct 10, 2024

Docket Number : 28568564

Print Date : 01/29/2025