F14000003112

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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SECRETAN YOF STATE

J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporation	ns		
Clay Healthcare P SUBJECT:	roperties, Inc.		
30D0EC1	Name of corporation	- must include suffix	
Dear Sir or Madam:			
The enclosed "Application by I "Certificate of Existence," or "above referenced foreign corpo	Certificate of Good Star	nding" and check are sub	
Please return all correspondence Crystal Blackshear	e concerning this matter	to the following:	
	Name of	Person	
PruittHealth			
	Firm/Con	pany	
1626 Jeurgens Court			
Norcross, GA 30093	Addr	ess	
cblackshear@pruitthealth.com	City/State a	nd Zip code	
E-m	ail address: (to be used	for future annual report i	notification)
For further information concern	ning this matter, please	call:	
Crystal Blackshear	678 at (533-6382	
Name of Person	Area Cod	e Daytime Telep	hone Number
STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns Circle	MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7
Enclosed is a check for the foll	owing amount:		
-	8.75 Filing Fee & ertificate 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.

Clay Healthcard	Properties, Inc.	:					
(Enter name of c	corporation; must include "INCORPORATED," Corp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION	N ,"				
(If name unavail	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting	ng business in Florida)				
Georgia 2.		81-3203517					
	y under the law of which it is incorporated) 5.	(FEI number, if applicable)					
	of incorporation)	(Date of duration, if other than perpetual)					
5.							
1626 Jeurgens Co 7	(SEE SECTIONS 607.1501 & 607.150. purt, Norcross, GA 30093 (Principal	office address)					
	(Current mailing	address, if different)					
3. Name and <u>stree</u> Name:	et address of Florida registered agent: (P.O. CT Corporation System	Box NOT acceptable)	16 JUL 14 SECRETAR TALLAHASS				
Office Address:	1200 South Pine Island Road	_					
•	Plantation, FL	33324 , Florida	8: 49 STATE TLORID				
	(City)	(Zip code)	5m o				

9. 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)

10. 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.

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

:	1626 Jeurgens Court					
_	Norcross, GA 30093					
air	man:					
s: _						
_	Dhilin W. Conell					
: _	Philip W. Small					
:: _	1626 Jeurgens Court					
]	Norcross, GA 30093		. <u>.</u>			
r: _	William C. Brown					
_	1626 Jeurgens Court					
	Norcross, GA 30093					
: _	Neil L. Pruitt, Jr. 1626 Jeurgens Court Norcross, GA 30093		> 0	<u>하</u> 돌.	derror may be	
_	William C. Brown		<u>±m</u> %5		il is	
	dent:			75778 77778 77778	i i i i i i i i i i i i i i i i i i i	•
:: _	Norcross, GA 30093		FIORIE		- negative	
_	Nancy W. Pruitt		îke-	<u> </u>		
y: :: _	1626 Jeurgens Court, Norcross, GA 30093					
 er:	Neil L. Pruitt, Jr.					
	1626 Jeurgens Court, Norcross, GA 30093					
s: _ :: I	If necessary, you may attach an addendant to the application listing	g additional off	icers and	/or dir	ectors.	

Neil L. Pruitt, Jr., Chairman and CEO

Control Number: 16064322

STATE OF GEORGIA

Secretary of State

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

CERTIFICATE OF EXISTENCE

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

Clay Healthcare Properties, Inc.

a Domestic Profit Corporation

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

Docket Number
Date Inc/Auth/Filed
Jurisdiction
Print Date
Form Number

: 13228736 : 07/06/2016 · : Georgia : 07/13/2016



Brian P. Kemp Secretary of State