F16000003183

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

JUL 19 2016
Y SULKER

PruittHealth
Committed to Caring

Crystal A. Blackshear
678.533.6382
cblackshear@pruitthealth.com

July 13, 2016

VIA FEDERAL EXPRESS

Florida Department of State
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Application for Authorization to Transact Business in Florida for:

Bay Healthcare Properties, Inc., a Georgia corporation and
Clay Healthcare Properties, Inc., a Georgia corporation

To Whom It May Concern:

Enclosed please find an original executed Application by Foreign Entity for Authorization to Transact Business in Florida for each of the above-referenced corporations. Also enclosed for each corporation is a Certificate of Existence and a check in the amount of $78.75 for the filing fee and certified copy.

Should you have any questions or concerns, please feel free to contact me. We appreciate your assistance with this matter.

Sincerely,

Crystal A. Blackshear
Assistant General Counsel

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bay Healthcare Properties, 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:

Crystal Blackshear
Name of Person

PruittHealth
Firm/Company

1626 Jeurgens Court
Address

Norcross, GA 30093
City/State and Zip code

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

For further information concerning this matter, please call:

Crystal Blackshear at (678) 533-6382
Name of Person — Area Code — Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration 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

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

(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. 81-3218241
(FEI number, if applicable)

4. 07/06/2016
(Date of incorporation)

5.
(Date of duration, if other than perpetual)

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

7. 1626 Jeurgens Court, Norcross, GA 30093
(Principal office address)

(Current mailing address, if different)

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TALLAHASSEE, FLORIDA

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, FL (City), Florida 33324 (Zip code)

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.

Brenna Hutter Asst. Secretary for CT Corporation System
(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:

A. DIRECTORS

Chairman: Neil L. Pruitt, Jr.

Address: 1626 Jeurgens Court
Norcross, GA 30093

Vice Chairman: _____

Address: _____

Director: Philip W. Small

Address: 1626 Jeurgens Court
Norcross, GA 30093

Director: William C. Brown

Address: 1626 Jeurgens Court
Norcross, GA 30093

B. OFFICERS

President: Neil L. Pruitt, Jr.

Address: 1626 Jeurgens Court
Norcross, GA 30093

Vice President: William C. Brown

Address: 1626 Jeurgens Court
Norcross, GA 30093

Secretary: Nancy W. Pruitt

Address: 1626 Jeurgens Court, Norcross, GA 30093

Treasurer: Neil L. Pruitt, Jr.

Address: 1626 Jeurgens Court, Norcross, GA 30093

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

12. _____
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Neil L. Pruitt, Jr., Chairman and CEO
(Typed or printed name and capacity of person signing application)

Control Number : 16064385

STATE OF GEORGIA

Secretary of State

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

CERTIFICATE OF EXISTENCE

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

Bay 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	: 13228752
Date Inc/Auth/Filed	: 07/06/2016
Jurisdiction	: Georgia
Print Date	: 07/13/2016
Form Number	: 211

Brian P. Kemp
Secretary of State