F17000002700

(Re	questor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cil	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	······································
Certified Copies	_ Certificate:	s of Status
Special Instructions to Filing Officer:		
C & cus		

Office Use Only

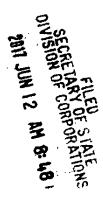


900300126209

700

F17-2700

06/12/17--01017--013 **87.50



N. CAUSSEAUX JUN 1 5 2017



Crystal A. Blackshear 678.533.6382 cblackshear@pruitthealth.com

June 9, 2017

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:

Leon Healthcare Properties, Inc., a Georgia corporation

To Whom It May Concern:

Enclosed please find an original executed Application by Foreign Corporation for Authorization to Transact Business in Florida for the above-referenced corporation. Also enclosed is a Certificate of Existence and a check in the amount of \$87.50 for the filing fee, certificate of status, and certified copy.

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

Sincerely,

Assistant General Counsel

Enclosures

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	Leon Healthcare Pro	perties, Inc.		i	
5020		Name of corporati	on - mus	include suffix	
Dear S	ir or Madam:				
"Certif	iclosed "Application by For ficate of Existence," or "Ce referenced foreign corpora	rtificate of Good S	tanding"	and check are subn	
	return all correspondence of Blackshear	concerning this mat	ter to the	following:	
	1001	Name	of Person		
PruittF	lealth, Inc.				
		Firm/C	ompany		
1626 J	curgens Court				
		Ad	dress		
Norce	oss, GA 30093				
		City/State	and Zip	code	
cblack	shear@pruitthealth.com				
	E-mail	address: (to be use	d for futu	ire annual report no	otification)
For fur	rther information concernir	g this matter, pleas	e call:		
Crysta	l Blackshear	678 at (3-6382	
	Name of Person	Area C		Daytime Teleph	one Number
	STREET/COURIER AI Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301			MAILING AE Registration Se Division of Cot P.O. Box 6327 Tallahassee, FL	ction porations
Enclos	sed is a check for the follow	ing amount:		,	
□ \$70	•	75 Filing Fee & dificate of Status		75 Filing Fee & fied 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.	Leon Healthcare	Properties, Inc.	•	
		orporation; must include "INCORPORATED," "CO orp," "Inc," "Co," or "Corp.")	MPANY," "CORPORATION,"	
	(If name unavaila	ble in Florida, enter alternate corporate name adopte	ed for the purpose of transacting business in Florida)	
2.	Georgia	3.		
	(State or country	y under the law of which it is incorporated)		
4.	00/00/201/	of incorporation) 5	(D) (1) (1) (1) (1)	
	(Date	of incorporation)	(Date of duration, if other than perpetual)	gr ^o
6.			9	2
		(Date first transacted business in Flori	da, if prior to registration)	500
	1626 Jourgans Co	(SEE SECTIONS 607.1501 & 607.1502, F	.s., to determine penany naturny)	2 希
7.	1020 Jeurgens C.0	urt, Norcross, GA 30093 (Principal off	<u> </u>	952
		(Principal off	ida, if prior to registration) S., to determine penalty liability) ice address)	SAC
		(Current mailing add	lress, if different)	OR PAR
8.	Name and stree	t address of Florida registered agent: (P.O. Bo	x <u>NOT</u> acceptable)	ONS
	Name:	Corporation Service Company		
0	office Address:	1201 Hays Street		
		Tallahassee	, Florida(Zip code)	
		(City)	(Zip code)	
9.	. Registered age	ent'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.

Holly Jones
Assistant Vice President

(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:

Chairman		
Address:	1626 Jeurgens Court	
-	Norcross, GA 30093	····
Vice Chai	irman:	
Address:		
- Director:	Philip W. Small	
Address:	1626 Jeurgens Court	
Address.	Norcross, GA 30093	
Director:	Kevin D. Brenan, Jr.	
Address:	1626 Jeurgens Court	DIV.S.
	Norcross, GA 30093	当
B. OFF	TICERS	皇祭
President:	Neil L. Pruitt, Jr.	2 989
Address:	1626 Jeurgens Court	A OR P
	Norcross, GA: 30093	1045
Vice Presi	Kevin D. Brenan, Jr.	
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 -	
Λ	If we consary, you play affach 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.

Neil L. Pruitt, Jr., Chairman and CEO

Control Number: 17061595

STATE OF GEORGIA

Secretary of State

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

CERTIFICATE OF EXISTENCE

WISION OF THE DESCRIPTIONS

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

Leon 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 Ind/Auth/Filed Jurisdiction

Print Date Form Number ; 14698871 ; 06/06/2017

: Georgia : 06/09/2017

-211



Brian P. Kemp Sceretary of State