

F24000005584

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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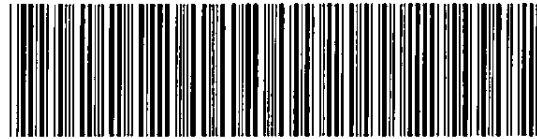
(Business Entity Name)

(Document Number)

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OCT 25 2024

K. Brumley

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 10/24/2024

****WALK IN****

ENTITY NAME THE MOREHOUSE SCHOOL OF MEDICINE, INC.

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXXXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$70

ACCOUNT #: I20160000072

E R J

Please call Tina at the above number for any issues or concerns. Thank you so much!

**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. The Morehouse School of Medicine, 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.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Georgia 3. — (FEI number, if applicable)

(State or country under the law of which it is incorporated)

4. 09.12.1980 5. —

(Date of Incorporation)

(Date of duration, if other than perpetual)

6. —
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 720 Westview Drive SW, Atlanta, GA 30310
(Principal office street address)

(Current mailing address, if different)

8. Educational
(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: NRAI Services, Inc.

Office Address: 1200 South Pine Island Road

Plantation Florida 33324
(City) (Zip Code)

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.

NRAI Services, Inc.

By Natalie Leiba-Paul Natalie Leiba-Paul - Assistant 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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors (up to six (6) total):

A. DIRECTORS

☒ Chairman Name: Arthur R. Collins
☐ Vice Chairman Address: 720 Westview Dr. SW
☐ Director Atlanta, GA 30310
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Susan Grant
☒ Vice Chairman Address: 720 Westview Dr. SW
☐ Director Atlanta, GA 30310
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: John Whyte, MD
☐ Vice Chairman Address: 720 Westview Dr. SW
☒ Director Atlanta, GA 30310
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Valerie Montgomery Rice, MD
☐ Vice Chairman Address: 720 Westview Dr. SW
☐ Director Atlanta, GA 30310
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☒ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other: _____ ☐ Other: _____

NOTE: Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

13. Valerie Montgomery Rice
 (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Valerie Montgomery Rice, MD
 (Typed or printed name and capacity of person signing application)

Attachment to Application for Certificate of Authority of Morehouse School of Medicine, Inc.

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

Name:	Address:	Title:
Camille Davis-Williams, M.D.	720 Westview Drive SW Atlanta, GA 30310	Director
Aaron D. Dent	720 Westview Drive SW Atlanta, GA 30310	Director
Lawrence V. Jackson	720 Westview Drive SW Atlanta, GA 30310	Director
Douglas Love, Esq.	720 Westview Drive SW Atlanta, GA 30310	Director
Glenn W. Mitchell III	720 Westview Drive SW Atlanta, GA 30310	Director
Sylvester McRae, M.D.	720 Westview Drive SW Atlanta, GA 30310	Director
Woodrow W. McWilliams III, M.D.	720 Westview Drive SW Atlanta, GA 30310	Director
Valerie Montgomery Rice, M.D.	720 Westview Drive SW Atlanta, GA 30310	Director
Kimberly Paige	720 Westview Drive SW Atlanta, GA 30310	Director
Claire Pomeroy, M.D., MBA	720 Westview Drive SW Atlanta, GA 30310	Director
Marvin O'Quinn	720 Westview Drive SW Atlanta, GA 30310	Director
Carey Roth Bayer	720 Westview Drive SW Atlanta, GA 30310	Director
Neeraj Tolmare	720 Westview Drive SW Atlanta, GA 30310	Director
Lisa LeCointe-Cephas, Esq.	720 Westview Drive SW Atlanta, GA 30310	Director
Bonzo Reddick, MD	720 Westview Drive SW Atlanta, GA 30310	Director
Keana Murray	720 Westview Drive SW Atlanta, GA 30310	Director

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

THE MOREHOUSE SCHOOL OF MEDICINE, INC.

a Domestic Nonprofit 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 : 28182438
Date Inc/Auth/Filed: 09/12/1980
Jurisdiction : Georgia
Print Date : 10/24/2024
Form Number : 211



Brad Raffensperger

Brad Raffensperger
Secretary of State