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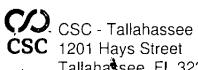
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K. Brumbley



Tallahassee, FL 32301-2607 850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations

From: Shauna Godbolt

Ext: x61563 Date: 04/15/25 Order #: 1934506-1

Re: DCI Donor Services, Inc. Processing Method: Routine



### TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority Amount to be deducted from our State Account: \$70.0 - FL State Account Number: 12000000195

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:	Registration Section Division of Corporations
CHDI	ECT: DCI Donor Services, Inc.
SUDI	Name of Corporation – must include suffix
Dear S	Sir or Madam:
Affair	aclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to it the above referenced not for profit corporation to conduct its affairs in Florida.
Please	return all correspondence concerning this matter to the following:
	Patricia Bielefeld
	Name of Person
	DCI Donor Services, Inc.
	Firm/Company
	1633 Church Street, Suite 500
	Address
	NASHVILLE, TN 37203
	City/State and Zip Code
	jusin.mcmillan@dcids.org
	E-mail address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call:
Patric	ia Bielefeld 615 342-0424
	Name of Person Area Code Daytime Telephone Number
	Mailing Address:     Street Address:       Registration Section     Registration Section
	Division of Corporations Division of Corporations
	P.O. Box 6327 The Centre of Tallahassee
	Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclo Please	sed is a check for the following amount: make check payable to: FLORIDA DEPARTMENT OF STATE
<b>\$</b> 7	0.00 Filing Fee

# 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:

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)  Tennessee  (State or country under the law of which it is incorporated)  (PEI number, if applicable)  (Option of fincorporation)  (Date of function, if other than perpetual)  (Date of function, if other than perpetual)  (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability  566 MAINSTREAM DRIVE, STE 300, NASHVILLE, TN 37228  (Principal office street address)  (Current mailing address, it different)  To save and improve lives through organ, eye and tissue donation.  (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Corporation Service Company  Office Address:  1201 Hays Street  Tallahassee  Jenney acceptance:  Invited agent's acceptance:  Invited agent and as registered agent and to accept service of process for the above stated corporation at the placesignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity of the provisions of all statutes relative to the proper and complete performance of my and I am familiar with and accept the obligations of my position as registered agent.  Corporation Service Company  By: Shawan Jodbott		<del> </del>	
(State or country under the law of which it is incorporated)  (State or country under the law of which it is incorporated)  (Date of Incorporation)  (Date of Incorporation, if other than perpetual)  (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability  566 MAINSTREAM DRIVE, STE 300, NASHVILLE, TN 37228  (Principal office street address)  (Current mailing address, if different)  To save and improve lives through organ, eye and tissue donation.  (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Corporation Service Company  To Hays Street  Tallahassee  Tallahassee  Tallahassee  (City)  City)  O. Registered agent's acceptance:  aving been named as registered agent and to accept service of process for the above stated corporation at the plastignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity that agree to comply with the provisions of all statutes relative to the proper and complete performance of my and I am familiar with and accept the obligations of my position as registered agent.  Corporation Service Company	(If name unava	ailable in Florida, enter alterna	ate corporate name adopted for the purpose of transacting business in Florida)
(Date of Incorporation)  (Date of Incorporation, if other than perpetual)  (Current mailing address, of Incorporation and the planting address, if different)  (Current mailing address, if different)  (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Corporation Service Company  (City)  (City)  (City)  (City)  (Cip Code)  (Cip Code)  (City)  (Cip Code)  (Cip Co	Tennessee		3.
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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. DIRECTOR  □Chairman	RS  Harry Keith Johnson, MD  Name:	□ Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director	566 Mainstream Drive, Suite 300	Director	566 Mainstream Drive, Suite 300
■ President	Nashville, TN 37228	□President	Nashville, TN 37228
□Vice President		□ Vice President	
Secretary	□Treasurer	<b>⊠</b> Secretary	□Treasurer
Other:	Other:	Other:	Other:
□ Chairman	Name:	Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director	566 Mainstream Drive, Suite 300	Director	
☐ President	Nashville, TN 37228	□President	
□Vice President		□Vice President	
☐ Secretary	<b>∃</b> Treasurer	☐ Secretary	Treasurer
Other:	Other:	□Other:	Other:
☐ Chairman	Name:	□ Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		Director	
□President		President	
□ Vice President		□Vice President	
□ Secretary	☐Treasurer	Secretary	Treasurer
Other:	☐ Other:	Other:	Other:
Non-indexed indi	Notice: Use an attachment to report more the viduals may be added to the index when filing Signature of Chairman, Vice Chairman, or hultz, Treasurer  (Typed or printed name and capacity)	g your Florida Department of	of State Annual Report form.  12 of the application)



#### Division of Business and Charitable Organizations Department of State

State of Tennessee 312 Rosa L. Parks Avenue, 6th Floor Nashville, Tennessee 37243 Phone: 615-741-2286 sos.tn.gov/

PATRICIA ANN BIELEFELD 1633 CHURCH STREET, SUITE 500 NASHVILLE, TN 37203, USA

03/29/2025

Request Type: Certificate of Existence/Authorization

Request #: C2025016349

Issuance Date: 03/27/2025

**Document Receipt** 

Order Number: C2025016349

Receipt #: 2025-184947

Verification #: 85D737B9

Filing Fee:

\$40.00

Payment: Credit Card - 3894796148

\$40.00

Entity Name:

DCI DONOR SERVICES, INC.

SOS Control #:

000244967

Initial Filing Date:

09/16/1991

Entity Type:

Nonprofit Corporation

Formation Locale:

Tennessee

Status:

Active

Duration Term:

Perpetual

Fiscal Year Close:

September

Annual Report Due:

01/01/2026

**Business County:** 

DAVIDSON

Religious Type:

Non-Religious

Benefit Type:

**Public Benefit Corporation** 

### CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

### DCI DONOR SERVICES, INC.

- \* is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- \* has filed the most recent annual report required with this office;
- \* has appointed a registered agent and registered office in this State;
- \* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett Secretary of State