

Document Number Only

F95000001082

C T CORPORATION SYSTEM
Requestor's Name
1311 Executive Center Drive, Ste. 200
Address
Tallahassee, FL 32301 (904) 656-0290
City State Zip Phone

CORPORATION(S) NAME

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input checked="" type="checkbox"/> Foreign | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of H.A. |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Fictitious Name |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Call When Ready | <input type="checkbox"/> CUS / G/S |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call if Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

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CH2E031 (1-89)

**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. Academic Health, Inc.
(Name of corporation must include the word "INCORPORATED," "COMPANY," 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.)

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

3. October 21, 1994 4. Perpetual
(Date of Incorporation) (Duration)

5. 58-2124236
(Federal Employer Identification number, if applicable)

6. Immediately following qualification
(Date first transacted business in Florida. See sections 607.1501, 607.1502, and 817.155, F.S.)

7. 1120 15th Street, Augusta, Georgia 30912
(Current mailing address)

8. Health care consultant and provider.
(Brief description of the nature of the business in which it is engaged in the state of Florida)

9. Names and street addresses of officers and or directors:

A. Directors: SEE ATTACHED EXHIBIT

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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9. Officers:

President See attached list of officers

Address _____

Vice President _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

(If needed, you may attach an addendum to the application listing additional officers and/or directors.)

10. Name and Street address of Florida registered agent:

Name: C T Corporation System

Office Address: c/o C T Corporation System, 1200 South Pine Island Road
Plantation, Florida 33324

Zip Code

11. 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.

C T Corporation System

Registered agent's signature: _____

Connie Bayne
CONNIE (Officer)

SPECIAL ASSISTANT

(Typed Name and Title of Officer)

12. 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.

13. ROBERT H. OSBURN, Sec./COO Robert H. Osburn
(Signature of Chairman, Vice Chairman, or any officer listed in number 9 of the application)

14. _____
(Name and capacity of person signing application)

EXHIBIT

Directors and Officers to Academic Health, Inc.

DIRECTORS:

David Vandewater
1120 15th Street
MCG Box 8148
Augusta, Georgia 30912

Jim Fitzgerald
1120 15th Street
MCG Box 8148
Augusta, Georgia 30912

Dave Manning
1120 15th Street
MCG Box 8148
Augusta, Georgia 30912

Rick Schweinhart
1120 15th Street
MCG Box 8148
Augusta, Georgia 30912

James C. Carano
1120 15th Street
MCG Box 8148
Augusta, Georgia 30912

Dr. Darrell Kirch
1120 15th Street
MCG Box 8148
Augusta, Georgia 30912

Dr. Francis Tedesco
1120 15th Street
MCG Box 8148
Augusta, Georgia 30912

Pat Sodomka
1120 15th Street
Augusta, Georgia 30912

Gary Hagen
1120 15th Street
MCG Box 8148
Augusta, Georgia 30912

OFFICERS:

Richard Peters
President & CEO
1120 15th Street
MCG Box 8148
Augusta, Georgia 30912
S.S. #224-50-2041

Robert H. Osburn
Secretary & COO
1120 15th Street
MCG Box 8148
Augusta, Georgia 30912
S.S. #402-62-7453

Secretary of State
Business Services and Regulation
Suite 315, West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1500

DOCUMENT NUMBER 10000000000000000000
CONTROL NUMBER 10000000000000000000
DATE RECEIVED/FILED 10/11/1994
OFFICE OF THE SECRETARY OF STATE
PRINT DATE 10/11/1994
FORM NUMBER 10000000000000000000

CT CORPORATION SYSTEM
PATTIE HARD
1201 PEACHTREE STREET, NE
ATLANTA, GA 30361

SECRET
OFFICE OF THE SECRETARY OF STATE
10/11/1994

CERTIFICATE OF EXISTENCE

I, **MAX CLELAND**, Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

ACADEMIC HEALTH, INC.
A DOMESTIC PROFIT CORPORATION

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



Max Cleland
MAX CLELAND
SECRETARY OF STATE

Verley E. Spivey
VERLEY E. SPIVEY
DEPUTY SECRETARY OF STATE

SECURITIES
656 2894

CERTIFICATES
656 3079

CORPORATIONS
656 2817

CORPORATIONS HOTLINE
804 656 2222
Outside Metro Atlanta