

F95000001299

Document Number Only

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

HSC of Ft. Pierce, Inc
8:30 PM 3/17/95
RECEIVED
FEB 17 1995
FBI - TAMPA

- | | | |
|--|---|--|
| <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 type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

3/17/95
3:00

PLEASE RETURN EXTRA COPY(S)
FILE STAMPED

3/17

FILE

**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. HSC of Ft. Pierce, 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. January 5, 1994 4. Perpetual
(Date of Incorporation) (Duration)
5. 58-2088819
(Federal Employer Identification number, if applicable)
6. Upon qualification
(Date first transacted business in Florida. See sections 607.1501, 607.1502, and 817.155, F.S.)
7. c/o Surgical Health Corporation, Suite 300, 990 Hammond Drive, Atlanta GA 30328
(Current mailing address)
8. General partner of limited partnership
(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:

Director
~~Chairman~~: Rock A. Morphis
Address: c/o Surgical Health Corporation, Suite 300, 990 Hammond Drive,
Atlanta, Georgia 30328

Director
~~Vice Chairman~~: George B. Schneider
Address: c/o Surgical Health Corporation, Suite 300, 990 Hammond Drive,
Atlanta, Georgia 30328

Director: H. Michael Finley
Address: c/o Surgical Health Corporation, Suite 300, 990 Hammond Drive,
Atlanta, Georgia 30328

Director: _____
Address: _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 17 PM 3:18

D. Officers:

President: Rock A. Morphis
Address: c/o Surgical Health Corporation, Suite 300, 990 Hammond Drive,
Atlanta, Georgia 30328

Secretary, Treasurer and
Sr. Vice President-Finance: H. Michael Finley

Address: c/o Surgical Health Corporation, Suite 300, 990 Hammond Drive,
Atlanta, Georgia 30328

Assistant
Secretary: Charlene E. Hodgkin

Address: c/o Surgical Health Corporation, Suite 300, 990 Hammond Drive,
Atlanta, Georgia 30328

Sr. Vice President-Operations: George G. Schneider
Treasurer:

Address: c/o Surgical Health Corporation, Suite 300, 990 Hammond Drive,
Atlanta, Georgia 30328

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

See attached Addendum.

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 B. [Signature]

CONNIE B. [Signature] (Officer)

SPECIAL ASSISTANT SECRETARY

(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. H. Michael Finley
(Signature of Chairman, Vice Chairman, or any officer listed in number 9 of the application)

14. H. Michael Finley, Senior Vice President-Finance

(Name and capacity of person signing application)

ADDENDUM
to
Application by HSC of Ft. Pierce, Inc
for Authorization to Transact Business in Florida

9 A Directors - continued

Senior Vice President-Development Sarah C Garwin

Address c/o Surgical Health Corporation, Suite 300, 990 Hammond Drive,
Atlanta, Georgia 30328

Secretary of State
Corporations Division
Suite 315, West Tower
2 Martin Luther King Jr. Dr.
Atlanta, Georgia 30334-1530

DOCKET NUMBER : 950680557
CONTROL NUMBER : 9401188
DATE INC/AUTH/FILED: 01/05/1994
JURISDICTION : GEORGIA
PRINT DATE : 03/09/1995
FORM NUMBER : 211

ALSTON & BIRD
ATT: JAN EZELL
1201 W PEACHTREE STREET
ATLANTA GA 30309

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
MAR 17 PM 3:18

CERTIFICATE OF EXISTENCE

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

HSC OF FT. PIERCE, INC.
A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above and was incorporated, formed, or 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 or certificate of cancellation 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 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

CORPORATIONS
656-2817

CORPORATIONS HOT LINE
404-656-2222
Outside Metro-Atlanta