

# F95000004659

## TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section  
Division of Corporations

7000001591787  
-09/22/95--01075--005  
\*\*\*\*\*78.75 \*\*\*\*\*76.75

SUBJECT: MID-FLORIDA, INC.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

PHILIP M. REES, ESQUIRE  
(Name of Person)

RETIREMENT CARE ASSOCIATES, INC.  
(Firm/Company)

6000 LAKE FORREST DRIVE, SUITE 200  
(Address)

ATLANTA, GEORGIA 30328  
(City/State/Zip)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 SEP 22 PM 8:21

Should you need to call someone concerning this matter, please call:

KATHY PIFER  
(Name of Person)

at ( 404 ) 255-7500  
(Area Code & Daytime Telephone Number)

### COURIER ADDRESS:

Qualification/Tax Lien Sec.  
Division of Corporations  
409 E. Gaines St  
Tallahassee, FL 32399

### MAILING ADDRESS:

Qualification/Tax Lien Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**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. MID-FLORIDA, INC.  
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "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. 58-2193751  
(FEI number, if applicable)
4. SEPTEMBER 18, 1995  
(Date of Incorporation)
5. PERPETUAL  
(Duration: Year corp. will cease to exist or "perpetual")
6. OCTOBER 1, 1995  
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. 6000 LAKE FORREST DRIVE, SUITE 200  
ATLANTA, GA 30328  
(Current mailing address)
8. NURSING/RETIREMENT FACILITY OWNER  
(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 or Mail Drop Box **NOT** acceptable)  
Name: CHRIS BROGDON  
Office Address: 1800 HARRISON STREET  
TITUSVILLE, Florida, 32780  
(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.*

  
(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.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 SEP 22 PM 8:24

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

**A. DIRECTORS (Street address only- P. O. Box NOT acceptable)**

Chairman: CHRIS BROGDON

Address: 1800 HARRISON STREET, TITUSVILLE, FL 32780

Vice Chairman: EDWARD E. LANE

Address: 6000 LAKE FORREST DRIVE #200, ATLANTA, GA 30328

Director: DARRELL C. TUCKER

Address: 6000 LAKE FORREST DRIVE #200

ATLANTA, GA 30328

Director: \_\_\_\_\_

Address: \_\_\_\_\_

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 SEP 22 PM 8:21

**B. OFFICERS (Street address only- P. O. Box NOT acceptable)**

President: CHRIS BROGDON

Address: 1800 HARRISON STREET, TITUSVILLE, FL 32780

6000 LAKE FORREST DRIVE #200, ATLANTA, GA 30328

Vice President: EDWARD E. LANE

Address: 6000 LAKE FORREST DRIVE, SUITE 200

ATLANTA, GA 30328

Secretary: PHILIP M. REES

Address: 6000 LAKE FORREST DRIVE, SUITE 200

ATLANTA, GA 30328

Treasurer: DARRELL C. TUCKER

Address: 6000 LAKE FORREST DRIVE #200, ATLANTA, GA 30328

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Edward E. Lane, Vice Chairman  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. EDWARD E. LANE, VICE CHAIRMAN  
(Typed or printed name and capacity of person signing application)

**Secretary of State**  
**Business Information and Services**  
**Suite 315, West Tower**  
**2 Martin Luther King Jr. Dr.**  
**Atlanta, Georgia 30334-1530**

DOCKET NUMBER : 952610606  
CONTROL NUMBER : 9527429  
DATE INC/AUTH/FILED: 09/18/1995  
JURISDICTION : GEORGIA  
PRINT DATE : 09/18/1995  
FORM NUMBER : 211

KATHY PIFER  
6000 LAKE FOREST DRIVE  
STE 200  
ATLANTA GA 30328

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 SEP 22 PM 8:21

**CERTIFICATE OF EXISTENCE**

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

**MID-FLORIDA, 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**



**CORPORATIONS**  
**656-2817**

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