

Document # F96000000513

CT CORPORATION SYSTEM

Requestor's Name
660 East Jefferson Street
Address
Tallahassee, FL 32301 222-1092
City State Zip Phone

CORPORATION(S) NAME

\$1200.00 - ADM
\$ 70.00 - FF
\$ 8.75 - CERT

96 JAN 30 PM 4:35
TALLAHASSEE, FLORIDA
SECRETARY OF REVENUE

The Medical Center of Central Georgia

☒ Profit
☒ NonProfit
☒ Limited Liability
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☐ Amendment
☐ Dissolution/Withdrawal
☐ Annual Report
☐ Resurrection
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Today's Date Please

TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: The Medical Center of Central Georgia, 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:

Kenneth B. Banks, Assistant General Counsel
(Name of Person)

Central Georgia Health Systems, Inc.
(Firm/Company)

Office of General Counsel
691 Cherry Street, Suite 700
(Address)

Macon, Georgia 31201
(City/State/Zip)

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

Kenneth B. Banks
(Name of Person)

at (912) 633-6980
(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

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION
TO TRANSACT BUSINESS IN FLORIDA

NOT FOR PROFIT

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. The Medical Center of Central Georgia, 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. 58-2149128
(FEI number, if applicable)

4. 11/17/94
(Date of Incorporation)

5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")

6. 11/1/95
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))

7. The Medical Center of Central Georgia, Inc.

777 Hemlock Street, P. O. Box 6000, Macon, Georgia 31208
(Current mailing address)

8. Ownership and operation of home health care agencies.
(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: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida, 33324
(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.

Dale H. Morris

(Registered agent's signature)

Dale Morris, Asst. Vice President

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.

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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: (See addendum for additional directors)

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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

President: A. Donald Faulk, Jr.

Address: 777 Hemlock Street

Macon, GA 31208

Vice President: Michael Gilstrap

Address: 777 Hemlock Street

Macon, GA 31208

Secretary: Rick W. Griffin


Address: 691 Cherry Street, Suite 700

Macon, GA 31201

Treasurer: Virgil E. Cooper, Jr.

Address: 777 Hemlock Street, Macon, GA 31208

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

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

14. Rick W. Griffin, Secretary
(Typed or printed name and capacity of person signing application)


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ADDENDUM
MEDICAL CENTER OF CENTRAL GEORGIA, INC.
Board of Directors

Alexander H.S. Weaver, M.D. - Chairman
840 Pine Street, Suite 500
Macon, GA 31201
Ext. 2571


Jerry Payne
4704 S. Stratford Oaks Dr.
Macon, GA 31210
471-0283

Louise Bryant
259 Idlewild Road
Macon, GA 31210
477-6497

A. Donald Faulk, Jr., FACHE - 
Medical Center of Central Georgia
Box 137
Ext. 1450

Damon D. King, FACHE
Central Georgia Health Systems, Inc.
Box 9300
Ext. 6806

Sylvia Bond
Medical Center of Central Georgia
Box 110
Ext. 1455

Michael Gilstrap, FACHE - 
Medical Center of Central Georgia
Box 139
Ext. 1452

Willie H. Odom
1392 Telfair Street
Macon, GA 31201
742-6701

Alan Kirsh, M.D., Vice-Chairman
770 Pine Street, Suite 250
Macon, GA 31201
Ext. 1235

Ellis Evans, M.D.
770 Pine St, Ste. 220
Macon, GA 31201
746-1396

Barbara Clowers
2703 Crystal Lake Cir.
Macon, GA 31206
781-7448

Peter Solomon
2449 Vineville Ave.
Macon, GA 31204
745-3991

Albert Abrams
124 Third Street
Macon, GA 31201
751-6227

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

DOCKET NUMBER : 960230740
CONTROL NUMBER : 9429251
DATE INC/AUTH/FILED: 11/17/1994
JURISDICTION : GEORGIA
PRINT DATE : 01/23/1996
FORM NUMBER : 0211

KING & SPALDING
C. CONSTANCE FORE
191 PEACHTREE STREET
ATLANTA, GA 30303

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TALLAHASSEE, FLORIDA

CERTIFICATE OF EXISTENCE

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

THE MEDICAL CENTER OF CENTRAL GEORGIA, INC.
A DOMESTIC NONPROFIT 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.



Lewis A. Massey
LEWIS A. MASSEY
SECRETARY OF STATE

The Medical Center of Central Georgia

George Haber, M.D.
Associate Professor
Obstetrics and Gynecology
Program Director
Mercer University School of Medicine

CHANGE OF ADDRESS:

Dr. George Haber, M.D.
729 Pine Street
Macon, Georgia 31201

F9600000513

A. Alaw
8-23-96