

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000000513

1. Corporation Name

THE MEDICAL CENTER OF CENTRAL GEORGIA, INC.

Principal Place of Business

670 DR. GEORGE HABER, M.D.
728 PINE STREET
MAISON-GA-31201
Suite 700
Macon, GA 31201

Mailing Address

670 DR. GEORGE HABER, M.D.
728 PINE STREET
MAISON-GA-31201
Suite 700
Macon, GA 31201

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

691 Cherry Street
Suite, Apt. #, etc.
Suite 700
City & State
Macon, GA
Zip
31201
Country
USA

3. New Mailing Office Address, If Applicable

691 Cherry Street
Suite, Apt. #, etc.
Suite 700
City & State
Macon, GA
Zip
31201
Country
USA

4. Date Incorporated or Qualified
To Do Business In Florida

01/30/1996 ^{SEC} 11-6-97

5. FEI Number

58-2149128

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PD	FAULK, A D JR	777 HEMLOCK ST.	MACON GA 31208
VD	GILSRAP, MICHAEL	777 HEMLOCK ST.	MACON GA 31208
T	COOPER, VIRGIL E JR	777 HEMLOCK ST.	MACON GA 31208
S	GRIFFIN, RICK W	691 CHERRY ST., #700	MACON GA 31201
QC	WEAVER, ALEXANDER H MD	840 PINE ST., #500	MACON GA 31201
D	PAYNE, JERRY	4704 S. STRATFORD OAKS DR.	MACON GA 31210

8. Name and Address of Current Registered Agent

ET CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Applicable)
Suite, Apt. #, Etc.
City
State
FL
Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Dale Morris

REGISTERED AGENT MUST SIGN

Date 11/3/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on Intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rick W. Griffin - Sec.

11/3/97 (912) 633-6980
Date Daytime Phone #



REINSTATEMENT '97

CR2E040 (8/97)