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TRANSMITTAL LETTER

TO; Q	ualification/Tax Lien Section ivision of Corporations
SUBJECT	Central Georgia HHS, Inc. (Name of corporation - must include suffix)
Dear Sir o	두었 <u>-</u> .
A TOLIUM .	sed "Application by Foreign Corporation for Authorization to Transact Business' in Certificate of Existence", and check are submitted to register the above referenced proration to transact business in Florida.
Please retu	Im 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 912 \ 633-6980
	(Name of Person) (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. Central Georgia IIIS, Inc.				
(Name of corporation: must include the word "INCORPO) abbreviations of like import in language as will clearly indipersion or partnership if not so contained in the name at pre-	RATED", "COMPANY", "CORPORATE that it is a corporation instead (sent.)	RATION" or work of a natural	ords o	r
2, Georgia	3. 58-2207935			
(State or country under the law of which it is incorporated)	(FEI number,	if applicable)	-	
4. 10/26/95	5 Perpetun1	SE	ſΩ	
(Date of Incorporation)	(Duration; Year corp. will cease	171		-
· ·	(Duradon, real corp. with cease	e io exiscore oi e		الأسا
6. <u>11/1/95</u>		77-2-1	===	n il
(Date first transacted business in Florida. (SEE SECTION	8 607.1501, 607.1502, AND 817.15	3, F.S.) % 33 	0	1
7. Central Georgia HHS, Inc.		in Co	PH I	Limital A A A
		Q:-	•••	7
691 Cherry Street, Suite 700, Macon,	GA · 31201	DRID	<u></u> 42	
(Current mailir	ig address)			
8. Medical supply company for a home heal (Purpose(s) of corporation authorized in home state or countributed) 9. Name and street address of Florida registered acceptable) Name: CT Corporation System	y to be carried out in the state of	Prop Box <u>NC</u>	 DT	
(Purpose(s) of corporation authorized in home state or countr Florida) 9. Name and street address of Florida registered acceptable)	y to be carried out in the state of	Prop Box <u>NC</u>	OT	- -
(Purpose(s) of corporation authorized in home state or countries Florida) 9. Name and street address of Florida registered acceptable) Name: CT Corporation System	y to be carried out in the state of agent: (P.O. Box or Mail D	Prop Box <u>NC</u>	ΣT	
(Purpose(s) of corporation authorized in home state or countre Florida) 9. Name and street address of Florida registered acceptable) Name: CT Corporation System Office Address: 1200 South Pine Island Road Plantation	y to be carried out in the state of	Prop Box <u>NC</u>	ΣT	
(Purpose(s) of corporation authorized in home state or countre Florida) 9. Name and street address of Florida registered acceptable) Name: CT Corporation System Office Address: 1200 South Pine Island Road	y to be carried out in the state of agent: (P.O. Box or Mail D , Florida, 33324 (Zip Code)			

incorporated.

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: Steve Kruger Address: L.E. Schwartz & Son, Inc., 279 Reid Street, Macon, GA 31206 Address: Central Georgia Health Ventures 691 Cherry Street, Suite 500, Macon, GA 31201 Jerry Payne Director: Address: 4704 South Stratford Oaks Drive, Macon, CA 31210 Director: Director: Rick W. Griffin Central Georgia Health System 691 Cherry Street, Suite 700, Macon, GA 31201 B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: Ronald Conners, Ph.D. Address: CareSouth Home Health Services, Inc. 103 Stevens Creek Rond, Augusta, GA 30907 Vice President: __John_Day_ Address: CareSouth Home Health Services, Inc. 103 Stevens Creek Road, Augusta, GA 30907 Secretary: Rick W. Griffin Central Georgia Health System Address: 691 Cherry Street, Suite 700, Macon, GA 31201 John Day , CareSouth Home Health Services, Inc. Treasurer: _ 103 Stevens Creek Road, Augusta, GA 30907 Address: ___ NOTE: If necessary, you, may attach an addendum to the application listing additional officers and/or directors.

Vice Chairman, or any officer listed in number 12 of the application)

(Typed or printed name and capacity of person signing application)

14 Rick W. Griffin, Secretary

Decretary of State Business Information and Services CONTROL NUMBER 1 9531377 Suite 315, West Comer 2 Martin Tuther King Fr. Er. Atlanta, Ceorgia 30334-1530

DOCKET NUMBER 1 960230745 DATE INC/AUTH/FILED: 10/26/1995 JURISDICTION -: GEORGIA PRINT DATE 1 01/23/1996 FORM NUMBER 0211

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

CERTIFICATE OF EXISTENCE

I, the Secretary of State of the State of Georgia, hereby certify under the seal of my office that Salan in the Salandar Salandar

CENTRAL GEORGIA HHS, 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.



SECRETARY OF STATE

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Original validation updated on # F96000000513