

F96000004609

TODD A. STERJOY
Holland and Knight

(Requestor's Name)
315 South Calhoun Street Suite 600
(Address)
Tallahassee, Florida 32302
(City, State, Zip) (Phone #)

5000001542209
09/09/96-0003-0008
****490.00 ****122.50

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Summit Hospital of Coastal Florida, Inc
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 1:00

☐ Mail out ☐ Will wait ☐ Photocopy

☒ Certified Copy
☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

FILED
received
96 SEP -9 PM 2:44 -9 112200
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

September 9, 1996

HOLLAND & KNIGHT

SUBJECT: SUMMITT HOSPITAL OF COASTAL FLORIDA, INC.
Ref. Number: W96000018843

We have received your document for SUMMITT HOSPITAL OF COASTAL FLORIDA, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6093.

Freta Lott
Corporate Specialist Supervisor

Letter Number: 696A00041908

56 SEP -9 PM 2:14
FILED

TRANSMITTAL LETTER

TO: QUALIFICATION/REGISTRATION SECTION
DIVISION OF CORPORATIONS

SUBJECT: Summit Hospital of Coastal Florida, Inc.
(Name of corporation)

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:

Jeffrey S. Baillis, Esq.
(Name of Person)
Summit Hospital Corporation
(Firm/Company)
5 Concourse Parkway, Suite 800
(Address)
Atlanta, Georgia 30328-6111
(City, State and Zip Code)

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96 SEP -9 PM 2:14
TALLAHASSEE, FLORIDA

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

Jeffrey S. Baillis, Esq. at (770) 392-1454
(Name of Person) Area Code & Daytime Telephone Number

COURIER ADDRESS:

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

MAILING ADDRESS:

Qualification/Registration Sec.
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. Summit Hospital of Coastal 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. Applied For
(FEI number, if applicable)
4. September 6, 1996
(Date of incorporation)
5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. 9/9/96
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.)
7. 5 Concourse Parkway, Suite 800
Atlanta, Georgia 30328-6111
(Current mailing address)
8. Hospital - Health Care
(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:
Name: Intrastate Registered Agent Corporation
Office Address: 701 Bricknell Avenue
Miami, Florida, 33131
(Zip Code)

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SEP-9 9 PM 2:14
TALLAHASSEE, FLORIDA

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.

William B. ... VICE PRESIDENT
(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.

A DIRECTORS

Chairman: Rembert T. Cribb

Address: 5 Concourse Parkway, Suite 800
Atlanta, GA 30328-6111

Vice Chairman: Michael E. Fitzgerald

Address: 5 Concourse Parkway, Suite 800
Atlanta, GA 30328-6111

Director: Kenneth W. Couch

Address: 5 Concourse Parkway, Suite 800
Atlanta, GA 30328-6111

Director: Patricia Russell

Address: 5 Concourse Parkway, Suite 800
Atlanta, GA 30328-6111

B. OFFICERS

President: Kenneth W. Couch

Address: 5 Concourse Parkway, Suite 800
Atlanta, GA 30328-6111

Vice President: Patricia Russell

Address: 5 Concourse Parkway, Suite 800
Atlanta, GA 30328-6111

Secretary: Michael E. Fitzgerald

Address: 5 Concourse Parkway, Suite 800
Atlanta, GA 30328-6111

Assistant Secretary Jeffrey S. Baillis

Address: 5 Concourse Parkway, Suite 800
Atlanta, GA 30328-6111

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

13.

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

14.

Kenneth W. Couch, President
(Typed or printed name and capacity of person signing application)

RECEIVED
SEP 9 1996
TALLAHASSEE, FLORIDA

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

DOCKET NUMBER : 962500863
CONTROL NUMBER : 9627612
DATE INC/AUTH/FILED: 09/06/1996
JURISDICTION : GEORGIA
PRINT DATE : 09/06/1996
FORM NUMBER : 0211

SUMMIT HOSPITAL CORPORATION
JEFFREY S. BAILLIS
FIVE CONCOURSE PARKWAY, SUITE 800
ATLANTA, GA 30328

CERTIFICATE OF EXISTENCE

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

SUMMIT HOSPITAL OF COASTAL 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.



Lewis A. Massey

Lewis A. Massey
Secretary of State

FILED
56 SEP -9 PM 2:15
TALLAHASSEE, FLORIDA