F96000006695

TODD A. STERN
Holland and Knight

(Requestor's Name)
315 South Calhoun Street Suite 600
(Address)
Tallahassee, Florida 32302
(City, State, Zip) (Phone #)
425-5625

OFFICE USE ONLY

100002035281--0
-12/20/96--01053--016
***2082.50 ****122.50

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

1. Macon/SCC, Inc
(Corporation Name) (Document #)
2. (Corporation Name) (Document #)
3. (Corporation Name) (Document #)
4. (Corporation Name) (Document #)

FILED
96 DEC 20 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

XX Walk in XX Pick up time 4:00 (X) Certified Copy

[ ] Mail out [ ] Will wait [ ] Photocopy [ ] Certificate of Status

12/20

NEW FILINGS	
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
(X)	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

RECEIVED
96 DEC 20 PM 1:05
DIVISION OF CORPORATION

Examiner's Initials	

CR2E031(10/92)

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. Macon/SCC 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. 58-2114432 (FEI number, if applicable)

4. 5/31/94 (Date of incorporation) 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")

6. 5/96 (Date first transacted business in Florida. *(See sections 607.1501, 607.1502, and 817.155, F.S.)*

7. 3050 North Horseshoe Drive, Suite 260
Naples FL 33942
(Current mailing address)

8. Healthcare Business
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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9. Name and street address of Florida registered agent:

Name: CT Corporation System

Office Address: 1200 S. 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.

Connie Bryan
(Registered agent's signature)

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY

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.

12. Names and addresses of officers and/or directors:

A. **DIRECTORS**

Director: Gary W Singleton
Address: 3050 N Horseshoe Drive, Suite 260
Naples, FL 33942
Director: William J Krystopowicz
Address: 3050 N Horseshoe Drive, Suite 260
Naples, FL 33942
Director: David H. Faler
Address: 3050 N. Horseshoe Drive, Suite 260
Naples, FL 33942
Director:
Address:

B. **OFFICERS**

President: Gary W Singleton
Address: 3050 N. Horseshoe Drive, Suite 260
Naples FL 33942
Vice President: David H. Faler
Address: 3050 N. Horseshoe Drive Suite 260
Naples FL 33942
Secretary: William J. Krystopowicz
Address: 3050 N. Horseshoe Drive, Suite 260
Naples FL 33942
Treasurer: Timothy Trybus
Address: 3050 N Horseshoe Drive, Suite 260
Naples, FL 33942

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

13. T J T V.P. Treasurer
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. TIMOTHY J. TRYBUS
(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 : 963540018
CONTROL NUMBER : 9414006
DATE INC/AUTH/FILED: 05/31/1994
JURISDICTION : GEORGIA
PRINT DATE : 12/19/1996
FORM NUMBER : 0211

CSC NETWORKS
KEVIN G. JOHNSON
100 PEACHTREE STREET, STE 660
ATLANTA, GA 30303

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TALLAHASSEE, FLORIDA

CERTIFICATE OF EXISTENCE

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

MACON/SCC, 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
Secretary of State