

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002555

1. Entity Name

CARESOUTH HEALTH SYSTEM, INC.

FILED
Aug 10, 2000 8:00 am
Secretary of State

08-10-2000 90012 027 ***550.00

Principal Place of Business
577 MULBERRY ST., STE. 600
MACON GA 31201

Mailing Address
577 MULBERRY ST., STE. 600
MACON GA 31201

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 52-2085257

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CP
NAME CONNERS, RONALD B
STREET ADDRESS 577 MULBERRY ST., STE. 1200
CITY-ST-ZIP MACON GA 31201 ☒ Delete

TITLE CFO
NAME Southern, John
STREET ADDRESS 577 Mulberry St., Ste. 600
CITY-ST-ZIP Macon, GA 31201 ☐ Change ☒ Addition

TITLE D
NAME MANOS, PETER
STREET ADDRESS 577 MULBERRY ST., STE. 1200
CITY-ST-ZIP MACON GA 31201 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME KIMSEY, MARCUS L
STREET ADDRESS 577 MULBERRY ST., STE. 1200
CITY-ST-ZIP MACON GA 31201 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME GRIFFIN, RICK W
STREET ADDRESS 577 MULBERRY ST., STE. 600
CITY-ST-ZIP MACON GA 31201 ☐ Delete

TITLE CEO
NAME Griffin, Rick W
STREET ADDRESS 577 Mulberry St., Ste. 600
CITY-ST-ZIP Macon, GA 31201 ☒ Change ☐ Addition

TITLE D
NAME JUBEIR, T.J.
STREET ADDRESS 577 MULBERRY ST., STE. 600
CITY-ST-ZIP MACON GA 31201 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE D
NAME Klein, Amy
STREET ADDRESS 577 Mulberry St., Ste. 600
CITY-ST-ZIP Macon, GA 31201 ☐ Change ☒ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
RICK GRIFFIN
RICK GRIFFIN
RICK GRIFFIN

7-26-00 (912) 752-0220

Date

Daytime Phone #

CR2E034 (5/00)