

# F980000004936

## TRANSMITTAL LETTER

To: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: Emory Healthcare, Inc.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

300002629063--2  
-08/31/98--01122--004  
\*\*\*\*\*52.50 \*\*\*\*\*52.50

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:

Katherine G. Lewis  
(Name of Person)

300002629063--2  
-08/31/98--01122--005  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Emory Healthcare  
(Firm/Company)

Legal Services, 550 Peachtree Street, N.E.  
(Address)

Atlanta, Georgia 30365  
(City/State/Zip)

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

Katherine G. Lewis at ( 404 ) 686-2457  
(Name of Person) (Area Code & Daytime Telephone Number)

### STREET ADDRESS:

Qualification/Tax Lien Section  
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

9/8/31  
98 AUG 31 AM 10:57  
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DIVISION OF CORPORATIONS

# EMORY UNIVERSITY

Office of the Vice President and General Counsel

401 Administration Building  
Atlanta, Georgia 30322  
404/727-6011

Reply to:

August 26, 1998

Qualification/Tax Lien Section  
Division of Corporation  
P.O. Box 6327  
Tallahassee, Florida 32314

**Re: Application by Emory Healthcare, Inc.**

Dear Sir or Madam:

Please find enclosed a Transmittal Letter and a completed Application by Foreign Corporation to Transact Business in Florida.

I have also enclosed the following:

1. An original Certificate of Existence, authenticated by the Georgia Secretary of State, dated 8/5/98.
2. A check for \$70.00 for the registration fee.
3. A check for \$52.50 for a certified Certificate of Status.

Please call me at 404-686-2457 if I may answer any questions concerning this application.

Sincerely,

*Katherine G. Lewis*

Katherine G. Lewis  
Assistant General Counsel

KGL:wd

Enclosures

Emory University Hospital  
1364 Clifton Road, N.E.  
Atlanta, Georgia 30322  
404/712-5627

Crawford Long Hospital  
550 Peachtree Street, N.E.  
Atlanta, Georgia 30365  
404/686-2457

Licensing and Patents  
2009 Ridgewood Drive  
Atlanta, Georgia 30322  
404/727-2211

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**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. Emory Healthcare, 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. 58-2137993

(FEI number, if applicable)

4. 1997

(Date of incorporation)

5. Not applicable

(Duration: Year corp. will cease to exist or "perpetual")

6. 1998

(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. Michael M. E. Johns, M.D.

1440 Clifton Road, Suite 400, Atlanta, Georgia 30322

(Current mailing address)

8. Perform laboratory tests on specimens originating in Florida

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: CT Corporation System

Office Address: 1200 South 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.*

**JENNIFER F AULTMAN**  
**ASSISTANT SECRETARY**

(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.

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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: Michael M. E. Johns, M. D.

Address: 1440 Clifton Road, Suite 400, Atlanta, Georgia 30322

Vice Chairman: Not Applicable

Address: \_\_\_\_\_

Director: Wayne Alexander, M. D., Director, Division of Cardiology

Address: 319 Woodruff Memorial Building, 1639 Pierce Drive

Atlanta, Georgia 30322

Director: J. David Allen, D.D.S., Oral & Maxillofacial Surgical Associates

Address: 5090 Chastleton Drive

Stone Mountain, Georgia 30087

**B. OFFICERS (Street address only - P.O. Box NOT acceptable)**

President: Michael M. E. Johns, M. D. Title: Executive Vice President for  
Health Affairs

Address: Emory University, 1440 Clifton Road, Suite 400

Atlanta, Georgia 30322

Vice President: Not applicable

Address: \_\_\_\_\_

Secretary: Lorraine H. Spencer, General Counsel, Emory Healthcare, Inc.

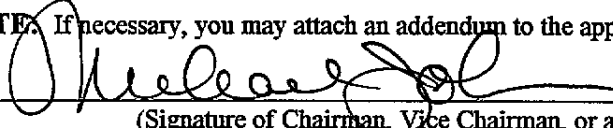
Address: E228 Legal Services, 1364 Clifton Road, N. E.

Atlanta, Georgia 30322

Treasurer: Not applicable

Address: \_\_\_\_\_

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

13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Michael M. E. Johns, M. D.

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

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**EMORY HEALTHCARE  
BOARD OF DIRECTORS FOR 1998**

**William Casarella, M.D.**

Associate Dean - Clinical Affairs/Grady  
Chair, Department of Radiology  
Emory University Hospital  
Suite A-127  
1364 Clifton Road, N.E.  
Atlanta, Ga. 30322

**Penny Castelano, M.D.**

Medical Director  
Emory Clinic North  
5955 Statesbridge Road  
Duluth, Georgia 30097

**Mr. Charles B. Ginden**

Executive Vice President  
Sun Trust Banks, Inc.  
P.O. Box 4418  
One Park Place  
Atlanta, Georgia 30303

**Mr. John Glover**

President, Post Properties, Inc.  
4401 Northside Parkway # 800  
Atlanta, Ga. 30327-3057

**Mr. John Henry**

Chief Executive Officer  
Emory Hospitals  
550 Peachtree Street, N. E.  
Atlanta, Georgia 30365

**Thomas J. Lawley, M.D.**

Dean, School of Medicine  
Emory University  
1440 Clifton Road  
Atlanta, Georgia 30322

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**Mr. J. Neal Purcell**  
Managing Partner  
KPMG Peat Marwick  
404 Peachtree Street, N. E.,  
Suite 2000  
Atlanta, Georgia 30308

**Rein Saral, M. D.**  
CEO - The Emory Clinic, Inc.  
Building B - 6th Floor  
1365 Clifton Road  
Atlanta, Georgia 30322

**Mr. John Temple**  
Executive Vice President  
Emory University  
409 Administration Building  
1380 South Oxford Road  
Atlanta, Georgia 30322

**Mr. William C. Warren, III**  
President, Cumberland Corporation  
5 Dunwoody Parkway, Suite 113  
Atlanta, Georgia 30338

**William Wood, M. D.**  
Chair, Department of Surgery  
Emory University  
B-206 Emory University Hospital  
1364 Clifton Road, N. E.  
Atlanta, Georgia 30322

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REGISTRATION  
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**Secretary of State**  
**Corporations Division**  
**Suite 315, West Tower**  
**2 Martin Luther King Jr. Dr.**  
**Atlanta, Georgia 30334-1530**

DOCKET NUMBER : 982170448  
CONTROL NUMBER : 9405515  
DATE INC/AUTH/FILED: 03/04/1994  
JURISDICTION : GEORGIA  
PRINT DATE : 08/05/1998  
FORM NUMBER : 211

KATHERINE G. LEWIS  
CRAWFORD LONG HOSPITAL  
550 PEACHTREE ST., NE  
ATLANTA, GA 30365

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**CERTIFICATE OF EXISTENCE**

I, Lewis A. Massey, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

**EMORY HEALTHCARE, INC.**  
**A DOMESTIC NONPROFIT 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