

# F99000005996

## TRANSMITTAL LETTER

To: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: HP/St. Cloud, Inc.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

W99-25280

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:

800003030698--1  
-11/01/99--01091--008  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Janet B. Funk  
(Name of Person)

HealthPrime, Inc.

(Firm/Company)

950 North Point Parkway, Suite 100

(Address)

Alpharetta, GA 30005-4134

(City/State/Zip)

MJH

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

Janet B. Funk at (770) 619-0866, ext. 219  
(Name of Person) (Area Code & Daytime Telephone Number)

99 NOV 18 PM 2:48  
FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

### 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

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee    ☒ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

November 2, 1999

JANET B. FUNK  
HEALTHPRIME, INC.  
950 NORTH POINT PARKWAY, SUITE 100  
ALPHARETTA, GA 30005-4134

SUBJECT: HP/ST. CLOUD, INC.  
Ref. Number: W99000025280

We have received your document for HP/ST. CLOUD, INC. and your check(s) totaling \$78.75. 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 (850) 487-6967.

Michelle Hodges  
Document Specialist

Letter Number: 999A00052691

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION 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. HP/ST. CLOUD, 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. October 8, 1999

(Date of incorporation)

5. Perpetual

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

6. Upon qualification

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

7. 950 North Point Parkway, Suite 100

Alpharetta, GA 30005

(Current mailing address)

8. operate nursing home

(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: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: C T CORPORATION SYSTEM

Office Address: 1200 South Pine Island Road

Plantation, Florida, 33324

(Zip code)

10. Registered agent 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 obligation of my position as registered agent.*

Dale W. Morris

C T CORPORATION SYSTEM

(Registered agent's signature)

**DALE W. MORRIS**

**ASSISTANT VICE PRESIDENT**

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.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
JUN 18 PM 2:48

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: Douglas K. Mittleider

Address: 950 North Point Parkway, Suite 100, Alpharetta, GA 30005

Vice Chairman: \_\_\_\_\_

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

Director: Michael L. Foxworthy

Address: 950 North Point Parkway, Suite 100, Alpharetta, GA 30005

Director: \_\_\_\_\_

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

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

President: Douglas K. Mittleider

Address: 950 North Point Parkway, Suite 100, Alpharetta, GA 30005

Vice President: Michael L. Foxworthy

Address: 950 North Point Parkway, Suite 100, Alpharetta, GA 30005

Secretary: Michael L. Foxworthy

Address: 950 North Point Parkway, Suite 100, Alpharetta, GA 30005

Treasurer: Douglas K. Mittleider

Address: 950 North Point Parkway, Suite 100, Alpharetta, GA 30005

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)

Douglas K. Mittleider, President

14. \_\_\_\_\_

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

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

DOCKET NUMBER : K92850368  
CONTROL NUMBER : K941853  
DATE INC/AUTH/FILED: 10/08/1999  
JURISDICTION : GEORGIA  
PRINT DATE : 10/12/1999  
FORM NUMBER : 211

HEALTHPRIME, INC.  
JANET FUNK  
950 NORTH POINT PKWY., STE. 100  
ALPHARETTA, GA 30005

**CERTIFICATE OF EXISTENCE**

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

**HP/ST. CLOUD, 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.



*Cathy Cox*

Cathy Cox  
Secretary of State