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F99000006135

C T CORPORATION SYSTEM Melanie Strickland

660 East Jefferson Street

Requestor's Name

Tallahassee, Florida 32301

Address

(850) 222-1092

City

State

Zip

Phone

CORPORATION(S) NAME

500003055195--1

-11/29/99-01097-008

*****70.00 *****70.00

The Health Care Group, Inc.

☒ Profit

☐ NonProfit

☒ Limited Liability Company

☒ Foreign

☐ Amendment

☐ Dissolution/Withdrawal

☐ Merger

☐ Mark

☐ Limited Partnership

☐ Reinstatement

☐ Limited Liability Partnership

☐ Certified Copy

☐ Annual Report

☐ Fict. Filing

☐ Fict. Filing Cancel

☐ Photo Copies

☐ Other

☐ Change of R.A.

☐ UCC-1 UCC-3

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☐ Call When Ready

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☐ Mail Out

☐ Call if Problem

☐ Will Wait

☐ After 4:30

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Availability

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Examiner

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Verifier

Acknowledgment

W.P. Verifier

Please Return Extra Copy(s)
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Thanks, Melanie

NOV 29

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99 NOV 29 PM 12:42
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

BR 11/29/99

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:

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DIVISION OF CORPORATIONS
99 NOV 29 AM 12:36

1. The Health Care Group, 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. 58-2165271

(FEI number, if applicable)

4. January 18, 1995

(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. 3353 Peachtree Road, NE, STE 510, Atlanta, Georgia 30326

(Current mailing address)

8. See attached purpose clause

(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: C T Corporation System

Office Address: c/o C T Corporation System, 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.

C T Corporation System

Mary R. Adams

(Registered agent's signature) (Officer)

MARY R. ADAMS

ASSISTANT SECRETARY

(Type Name and Title of Officer)

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

Chairman: Walter B. Wildstein, M.D.

Address: 4363 Paran Place, NW
Atlanta, Georgia 30327

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Walter B. Wildstein, M.D.

Address: 4363 Paran Place, NW
Atlanta, Georgia 30327

Vice President: _____

Address: _____

Secretary: Walter B. Wildstein, M.D.

Address: 4363 Paran Place, NW
Atlanta, Georgia 30327

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Treasurer: Walter B. Wildstein, M.D.

Address: 4363 Paran Place, NW

Atlanta, Georgia 30327

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

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

14. Walter B. Wildstein, M.D. Chairman
(Typed or printed name and capacity of person signing application)

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Appendix to Florida
Application by Fgn. Corp. for Authorization to Transact Business in Florida

**Purpose Clause of
The Health Care Group, Inc.**

-
1. Own, sell and lease real estate
 2. Construction
 3. Provide health care services and consulting
 4. To engage in any lawful act or activity for which corporations
may be organized under applicable law.

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

DOCKET NUMBER : K93280114
CONTROL NUMBER : K503345
DATE INC/AUTH/FILED: 01/18/1995
JURISDICTION : GEORGIA
PRINT DATE : 11/24/1999
FORM NUMBER : 211

C T CORPORATION SYSTEM
ATTN: KATHY GARNER
1201 PEACHTREE ST, STE 1240
ATLANTA, GA 30361

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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

THE HEALTH CARE GROUP, 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