CLERK OF SUPERIOR COURT
REGISTRATION OF TRADE NAME
(PURSUANT TO GA CODE 10-1-490)

CLERK OF SUPERIOR COURT
COLUMBIA COUNTY, GEORG
FILED IN OFFICE
Trade Name
2019 JUL 18 PM 3:54
BOOK 8 PAGE 169
CINDY MASON, CLERK

STATE OF GEORGIA)
COUNTY OF COLUMBIA)

$159.00 FILING FEE
$45.00 PUBLICATION FEE

■ NEW ☐ AMENDMENT ☐ CANCELLATION

AFFIDAVIT OF BUSINESS CONDUCTED UNDER TRADE NAME

I/We, Richmond County Hospital Authority, hereby certify that (I AM) or (WE ARE) the owner(s) of a certain business in Columbia County, Georgia, now being carried on as follows:

GEORGIA TRADE NAME OF: Lake Crossing Health Center

ADDRESS: 6698 Washington Road, Appling, Georgia 30802 CONTACT NUMBER: (706)541-0462
NATURE OF BUSINESS: Providing patient care.
The business is composed of the following person/persons/corporation:

NAME(S)	ADDRESS (ES)
Richmond County Hospital Authority	1350 Walton Way, Augusta, Georgia 30901

This 18th day of July, 2019. By: _____

Print Name: James B. Davis

As its: CEO

Print Title: CEO

VERIFICATION

Personally appeared _____, before the undersigned officer, who swears under oath that the above and foregoing statement of trade name registration is true and correct.

This 18 day of July, 2019

_____ _____
Notary Public Witness Signature

My commission Expires: _____

STACEY A RAWLS
NOTARY PUBLIC-GEORGIA
RICHMOND COUNTY
MY COMMISSION EXPIRES
FEBRUARY 08, 2020

Note: THE ACT REQUIRES THAT THIS NOTICE BE PUBLISHED ONCE A WEEK FOR TWO WEEKS IN THE PAPER WHICH THE SHERIFF'S ADVERTISEMENTS ARE PRINTED. This paper is the COLUMBIA NEWSTIMES (706) 863-6165; ALSO: upon change of ownership, a new and amended registration must be filed. (GA LAWS 1981, P 872)

** Make local check payable to Clerk of Court in the amount of $204.00 for filing and publication costs. **

RECORDED & SCANNED IN MINUTES CS 7-19-19

COLUMBIA
COLUMBIA COUNTY
640 RONALD REAGAN DR.
EVANS, GA 30809

Receipt Nbr: 1422051
Case Number:
Date: 07/19/2019

Paid By: UNIVERSITY EXTENDED CARE, INC. for UNIVERSITY EXTENDED CARE, INC
Defendant:

Description	Amount
TRADE NAME	$204.00
TOTAL:	**$204.00**

Cash:
Credit:
Check: $204.00
Money Order:

Fees:
Check #: 4600 - BOOK#8 PAGE#169
Nbrs #:

Receipt Memo:
LAKE CROSSING HEALTH CARE
BOOK#8 PAGE#169

User: RTUCKER
Printed: 07/19/2019