

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration

1. Effective Date of Registration Mar 16, 2007

2. House Identification Number 31255

Senate Identification Number 31942-1003692

REGISTRANT

3. Registrant Name: POWELL GOLDSTEIN LLP
Address: 901 NEW YORK AVENUE, NW THIRD FLOOR
City: WASHINGTON State: DC Zip: 20001

4. Principal place of business (if different from line 3):

5. Telephone number and contact name:
2026243976 Contact: CYNTHIA E. BERRY
E-mail(optional): cberry@pogolaw.com

6. General description of registrant's business or activities:
Law Firm

CLIENT

A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should check the box labeled "Self" and proceed to line 10.

Self

7. Client name: GEORGIA ALLIANCE OF COMMUNITY HOSPITALS
Address: P.O. BOX 1572
City: TIFTON State: GA Zip: 31793-1572

8. Principal place of business (if different from line 7):

9. General description of client's business or activities:
Coalition of hospitals

LOBBYISTS

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any person listed in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years of first acting as a lobbyist for the client, state the executive and/or legislative position(s) in which the person served.

Name: BERRY, CYNTHIA E.
Covered Official Position (if applicable): N/A
Name: BOLING, WILLIAM
Covered Official Position (if applicable): N/A
Name: EYMAN, BARBARA
Covered Official Position (if applicable): N/A
Name: PERNIN, TIM
Covered Official Position (if applicable): N/A

LOBBYING ISSUES

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1, page 1:

MMM

12. Specific lobbying issues (current and anticipated):

Issues pertaining to Medicaid regulations regarding provider cost limits

AFFILIATED ORGANIZATIONS

Registrant Name: POWELL GOLDSTEIN LLP Client Name: GEORGIA ALLIANCE OF COMMUNITY HOSPITALS

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the registrant in a semi-annual period **and** 13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the registrant in a semi-annual period in whole or in major part plans, supervises or controls the registrant's lobbying activities?

No, then go to line 14.

Yes, then complete the rest of this section for each entity matching the criteria above, then proceed to line 14.

Name: ARCHIBOLD MEDICAL CENTER
Address: 910 SOUTH BROAD STREET, THOMASVILLE, GA, 31792, U.S.A.
Principal Place of Business (city and state or country):
Address: 910 SOUTH BROAD STREET, THOMASVILLE, GA, 31792, U.S.A.U.S.A.

Name: COLUMBUS REGIONAL HEALTHCARE SYS
Address: 710 CENTER STREET, COLUMBUS, GA, 31901, U.S.A.
Principal Place of Business (city and state or country):
Address: 710 CENTER STREET, COLUMBUS, GA, 31901, U.S.A.U.S.A.

Name: FLOYD MEDICAL CENTER
Address: POST OFFICE BOX 233, ROME, GA, 30162, U.S.A.
Principal Place of Business (city and state or country):
Address: POST OFFICE BOX 233, ROME, GA, 30162, U.S.A.U.S.A.

Name: GRADY HEALTH SYSTEM
Address: 80 JESSE HILL JR. DRIVE, S.E., ATLANTA, GA, 30302, U.S.A.
Principal Place of Business (city and state or country):
Address: 80 JESSE HILL JR. DRIVE, S.E., ATLANTA, GA, 30302, U.S.A.U.S.A.

Name: MCG HEALTH, INC.
Address: 1120 15TH STREET, ROOM B 120, AUGUSTA, GA, 30912, U.S.A.
Principal Place of Business (city and state or country):
Address: 1120 15TH STREET, ROOM B 120, AUGUSTA, GA, 30912, U.S.A.U.S.A.

Name: MEDICAL CENTER OF CENTRAL GEORGIA
Address: POST OFFICE BOX 6000, MACON, GA, 31208, U.S.A.
Principal Place of Business (city and state or country):
Address: POST OFFICE BOX 6000, MACON, GA, 31208, U.S.A.U.S.A.

Name: MEMORIAL HEALTH
Address: POST OFFICE BOX 23089, SAVANNAH, GA, 31403, U.S.A.
Principal Place of Business (city and state or country):
Address: POST OFFICE BOX 23089, SAVANNAH, GA, 31403, U.S.A.U.S.A.

Name: NORTHEAST GEORGIA HEALTH SYSTEM
Address: 743 SPRING STREET, GAINESVILLE, GA, 30501, U.S.A.
Principal Place of Business (city and state or country):
Address: 743 SPRING STREET, GAINESVILLE, GA, 30501, U.S.A.U.S.A.

Name: PHOEBE PUTNEY MEMORIAL HOSPITAL
Address: 417 THIRD AVENUE, ALBANY, GA, 31702, U.S.A.
Principal Place of Business (city and state or country):
Address: 417 THIRD AVENUE, ALBANY, GA, 31702, U.S.A.U.S.A.

Name: UNIVERSITY HOSPITAL
Address: 1350 WALTON WAY, AUGUSTA, GA, 30901, U.S.A.
Principal Place of Business (city and state or country):
Address: 1350 WALTON WAY, AUGUSTA, GA, 30901, U.S.A.U.S.A.

FOREIGN ENTITIES

14. Is there any foreign entity that:

- a) holds at least 20% equitable ownership in the client or any organization identified on line 13; **OR**
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or subsidizes activities of the client or any

Registrant Name: POWELL GOLDSTEIN LLP Client Name: GEORGIA ALLIANCE OF COMMUNITY HOSPITALS

organization identified on line 13; **OR**

c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in the outcome of the lobbying activity?

No, then sign and date the registration.

Yes, then complete the rest of this section for each entity matching the criteria above, then sign and date the registration.

Signature: ON FILE Date: Aug 13, 2007

Printed Name and Title: CYNTHIA E. BERRY, PARTNER -