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**PHC**

palmetto health council, inc.

547 Ponce de Leon Avenue, Suite 200  
Atlanta, Georgia 30308

tel 404 929 8824

fax 404 929 9769

September 4, 2008

Top Hat Plan Exemption  
Pension and Welfare Benefits Administration  
Room N-5644  
U.S. Department of Labor  
200 Constitution Avenue, N.W.  
Washington, D.C. 20210

**RE: Palmetto Health Council, Inc.  
Palmetto Health Council, Inc. Deferred Compensation Plan (the "Plan")**

Dear Sir or Madam:

On behalf of the administrator of the above named Plan, the undersigned submits this statement in compliance with ERISA Reg. 2520.104-23(b).

1. Name and Address of the Employer:

Palmetto Health Council, Inc.  
547 Ponce de Leon Avenue, Suite 200  
Atlanta, Georgia 30308-1880

2. Employer Identification Number: 58-1307597

3. The Employer maintains the Plan primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

4. The number of employees in the Plan: 1

Please find enclosed an additional copy of this notice. Please date stamp this additional copy and return to me in the enclosed envelope.

Sincerely,

  
Jon W. Wollenzien, Jr., D.B.A.

Community Medical Center of Palmetto

**PHC**  
palmetto health council, inc.

547 Ponce de Leon Avenue, Suite 200  
Atlanta, Georgia 30308

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