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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOREIGN PROFIT/NONPROFIT CORPORATION

Florida Preferred Care Health Facilities III, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	03
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Electronic Filing Menu

Corporate Filing Menu

Help

5/3/07

H 0 7 0 0 0 1 1 8 2 4 2

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1103, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Florida Preferred Care Health Facilities III, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Texas 3. _____
(State or country under the law of which it is incorporated) (FBI number, if applicable)

4. April 24, 2007 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 5420 W. Plano Parkway Plano TX 75093
(Principal office address)

5420 W. Plano Parkway Plano TX 75093
(Current mailing address)

8. Any and all lawful acts or activities.
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Capitol Corporate Services, Inc.
Office Address: 165 Office Plaza Dr., Suite A
Tallahassee, Florida 32301
(City) (Zip code)

10. Registered agent's 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 obligations of my position as registered agent.

Boyle Wendell, asst sec
(Registered agent's signature)

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.

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Thomas D. Scott

Address: 5420 W. Plano Parkway

Plano

Texas

76093

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Thomas D. Scott

Address: 5420 W. Plano Parkway

Plano

Texas 76093

Vice President: _____

Address: _____

Secretary: Robert J. Reik

Address: 5420 W. Plano Parkway

Plano

TX 75093

Treasurer: _____

Address: _____

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

13. _____

(Signature of Director or Officer listed in number 12 of the application)

14. Thomas D. Scott, President

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

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Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Roger Williams
Secretary of State

Office of the Secretary of State

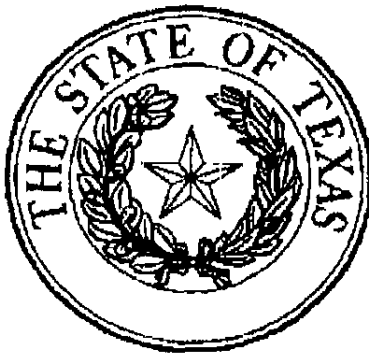
Certificate of Fact

The undersigned, as Secretary of State of Texas, doos hereby certify that the document, Certificate of Formation for Florida Preferred Care Health Facilities III, Inc (file number 800806073), a Domestic For-Profit Corporation, was filed in this office on April 24, 2007.

It is further certified that the entity status in Texas is in existence.

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In testimony whereof, I have hereunto signed my name
officially and caused to be impressed hereon the Seal of
State at my office in Austin, Texas on April 30, 2007.



Roger Williams
Secretary of State

Phone: (512) 463-5555
Prepared by: SOS-WER

Come visit us on the internet at <http://www.sos.state.tx.us/>
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