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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

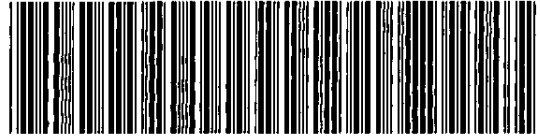
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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T. Burch AUG 12 2009

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Pioneer Life Care, Inc.  
Name of Corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Thomas A. Dentinger  
Name of Person

Pioneer Life Care, Inc.  
Firm/Company

16001 Lakeshore Villa Drive  
Address

Tampa FL 33613-9934  
City/State and Zip Code

tdentinger@tampabay.rr.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tom Dentinger at (727) 420-8707  
Name of Person Area Code & Daytime Telephone Number

**MAILING ADDRESS:**  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA**

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

- 1. Pioneer Life Care, Inc.  
(Name of corporation: must include the word "INCORPORATED" or "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. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
- 2. North Carolina 3. 27-0047867  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
- 4. 6/17/02 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
- 6. N/A  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine penalty liability.)
- 7. 16001 Lakeshore Villa Drive Tampa, FL 33613  
(Principal office address)
- Same as above  
(Current mailing address)

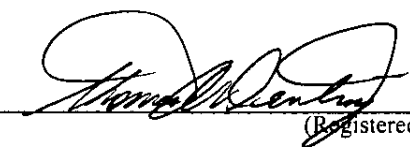
8. See Attachment  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: Thomas A. Dentinger  
Office Address: 16001 Lakeshore Villa Drive  
Tampa, Florida 33613  
(City) (Zip Code)

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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.*

  
(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 addresses of officers and/or directors:

A. DIRECTORS

Chairman: Thomas A. Dentinger

Address: 16001 LAKESHORE VILLA DRIVE  
TAMPA, FLORIDA 33613

Vice Chairman: Francis D. Moran

Address: 16001 LAKESHORE VILLA DRIVE  
TAMPA, FLORIDA 33613

Director: Robert Altenbach

Address: 3290 NORTHSIDE PARKWAY, NW, SUITE 400  
ATLANTA, GEORGIA 30227

Director: Steve Fridrich

Address: 3825 BEDFORD AVENUE, #203  
NASHVILLE, TN 37215

B. OFFICERS

President: Louis Badenhorst

Address: 16001 LAKESHORE VILLA DRIVE  
TAMPA, FLORIDA 33613

Sr Vice President: Thomas A. Dentinger

Address: 16001 LAKESHORE VILLA DRIVE  
TAMPA, FLORIDA 33613

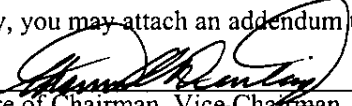
Secretary: Robert Altenbach

Address: 3290 NORTHSIDE PARKWAY, NW, SUITE 400, ATLANTA, GEORGIA 30227

Treasurer: Francis D. Moran

Address: 16001 LAKESHORE VILLA DRIVE, TAMPA, FLORIDA 33613

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

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

14. Thomas A. Dentinger, CHAIRMAN  
(Typed or printed name and capacity of person signing application)

ATTACHMENT

PURPOSE:

The Mission of Pioneer Life Care, Inc. shall primarily be to provide access to quality independent housing, assisted living, nursing and health care for the elderly and chronically infirm, with a focus on communities which may be typically under served. In this regard, to further it's Mission, the Corporation shall initiate efforts to sponsor research, to study procedures and technology that will improve the quality of life of the elderly and chronically infirmed.

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# NORTH CAROLINA

## Department of The Secretary of State

### CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

#### **PIONEER LIFE CARE, INC.**

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 17th day of June, 2002 , with its period of duration being Perpetual.

I FURTHER certify that the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Nonprofit Corporation Act; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

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TALLAHASSEE, FLORIDA

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 8th day of July, 2009.

*Elaine F. Marshall*

Secretary of State

