er Only C T CORPORATION SYSTEM Requestor's Name 660 East Jefferson Street 00000000190817480 -08/26/96--01014--045 +++++70.00 ++++*70.00 Address Tallahassee, Florida 32301 City State Zlp Phone CORPORATION(S) NAME Living Capup HCC Assisted (Y) Profit) NonProfit () Amendment () Merger () Limited Liability Company () Foreign () Dissolution/Withdrawal () Mark () Limited Partnership () Other () Annual Report () Reinstatement () Reservation () Change of R.A. () Fictitious Name () Limited Liability Partnership () Photo Copies () Certified Copy () CUS () Call if Problem () After 4:30 () Call When Ready Walk In () Will Wait Pick Up 🤶 () Mail Out Name PLEASE RETURN EXTRA COPY(S) Availability FILE STAMFED Document Examiner 8/26/96 Updater Verifier Acknowledgment

W.P. Verifler

CR2E031 (1-89)

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	HCC ASSISTED LIVING GROUP II, INC.	
	(Name of corporation: must include the word "INCORPORATED", "COMPAN words or abbreviations of like import in language as will clearly indicate that	IY", "CORPORATION" or it is a corporation instead
	of a natural person or partnership if not so contained in the name at present	.)
2.		72-1279569
	(State or country under the law of which it is incorporated)	(FEI number, if applicable)
4.	August 18, 1994 5. Perpetual Outs of Incorporation) (Duration: Year corp. will cease to ex	vies or *normatual*)
	Oute of Incorporation) (Duration: Year corp. will cease to ex	dist or perpendicin
6.	Not. yet commenced (Date first transacted business in Florida, (See sections 607.1501, 507.15	02 and 817 #56; F.S.II
		יירט בס
7.	P. O. Box 30100	AHS:
	Shreveport, LA 71130-0100	SSE 26
	(Current mailing address)	Har in
ŝ.	to provide health care services	5 = D
	(Purpose(s) of corporation authorized in home state or country to be carried Florida)	out in the state ex
Ŧ.	Name and street address of Florida registered agent:	
	Name: <u>C T CORPORATION SYSTEM</u>	
	Office Address: c/o C T Corporation System, 1200 South	Pine Island Road
	Plantation , Florida, 33324	
	(Zip Code	

10. Registered agent 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.

C T CORPORATION SYSTEM Round a. Shilley
(Registere ANDY A STRETTEY (Office)) SPECIAL ASSISTANT SECRETARY
(Type Name and Title of Officer)

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

Richard L. Greer

A. DIRECTORS

	Address:	6007 Financial Plaza, Suite 301
	•	Shreveport, LA 71129
	Director x ylcaXhamma n:	D. William Nida, Same Address
	Address:	Matthew S. Robinson, same address
		Paul A. Green, same address
	Director:	Michael S. Brown, same address
		Wayne S. Morehead, same addres
		AHE HAS PS
	Director:	
	Address:	1:05 STATE NOA
B. OFFICE	ERS	
	President:	Richard L. Greer
	Address:	see above
		D. William Nida
	Address:	see above
	Secretary:	Wayne S. Morehead
	Address:	see above

Treasuror:	Wayne S. Morahead
Address:	вате ав авоче
nd/or directors.	attach an addendum to the application listing additional officers
(Signature of Chairman, Vice Ch	nairman, or any officer listed in number 12 of the application)
	, Assistant Secretary

Assistant Secretary

Kathryn R. Dodson same address

Assistant Secretary

James L. Adams same address



SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that HCC ASSISTED LIVING GROUP II, INC.

A Louisiana corporation domiciled at Shreveport,

Filed charter and qualified to do business in this State on August 18, 1994,

I further certify that the records of this Office indicate the corporation has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned is in good standing and is authorized to do business in this State.

I further certify that this Certificate is not intended to reflect the financial condition of this corporation this information is not available from the records of this Office.

26 PH 1:05

ARY OF STAIL
SSEE, FLORIDA

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

August, 23, 1996

Secretary of State

