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CORPORATION NAME(S) AND DOCUMENT NUMBER(S) (if known):

Summerville Healthcare Group Inc.

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98 APR 14 PM 12:50

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Certificate of Status - *Leach*

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ALL CHARTER DOCS

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A. Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Certificate of FICTITIOUS NAME

FICTITIOUS NAME SEARCH

CORP SEARCH

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98 APR 14 AM 11:37

Ordered By: _____

Date: _____

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION
TO 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. Summerville Healthcare Group, Inc.
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "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.)

2. Delaware 3. 54-178-9198
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. February 14, 1996 5. perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist "perpetual")

6. upon qualification
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))

7. 5285 Shawnee Road, Suite 401
Alexandria, Virginia 22312-2328
(Current mailing address)

8. to provide medical and social lifestyle services to elderly persons
(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 or Mail Drop Box **NOT** acceptable)

Name: HIQ CORPORATE SERVICES, INC.

Office Address: 526 EAST PARK AVENUE

TALLAHASSEE, Florida, 32301
(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.

HIQ CORPORATE SERVICES, INC.::

BY: *Kyanna D. Manwala, sec'y*
(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: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

*** Please see attached ***

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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B. OFFICERS (Street address only- P. O. Box NOT acceptable)

*** Please see attached ***

President: _____

Address: _____

Vice President: _____

Address: _____

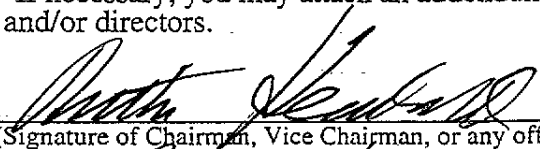
Secretary: _____


Address: _____

Treasurer: _____

Address: _____

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

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

14. Chairman & Secretary,  Arthur Heimbold
(Typed or printed name and capacity of person signing application)

SUMMERVILLE HEALTHCARE GROUP, INC.

Board of Directors:

Russell D. Ragland
Summerville Healthcare Group, Inc.
5285 Shawnee Road
Suite 401
Alexandria, Virginia 22312

Arthur Heimbold
Summerville Healthcare Group, Inc.
5285 Shawnee Road
Suite 401
Alexandria, Virginia 22312

Alan M. Cohen, M.D.
Summerville Healthcare Group, Inc.
5285 Shawnee Road
Suite 401
Alexandria, Virginia 22312

Richard M. Scrushy
Summerville Healthcare Group, Inc.
5285 Shawnee Road
Suite 401
Alexandria, Virginia 22312

Michael D. Martin
Summerville Healthcare Group, Inc.
5285 Shawnee Road
Suite 401
Alexandria, Virginia 22312

Howard M. Gardner, M.D., F.A.C.S.
Summerville Healthcare Group, Inc.
5285 Shawnee Road
Suite 401
Alexandria, Virginia 22312

Jack Durell, M.D.
Summerville Healthcare Group, Inc.
5285 Shawnee Road
Suite 401
Alexandria, Virginia 22312

Officers:

Russell D. Ragland
Summerville Healthcare
Group, Inc.
5285 Shawnee Road
Suite 401
Alexandria, Virginia 22312
(President & Treasurer)

Arthur Heimbold
Summerville Healthcare
Group, Inc.
5285 Shawnee Road
Suite 401
Alexandria, Virginia 22312
(Chairman & Secretary)

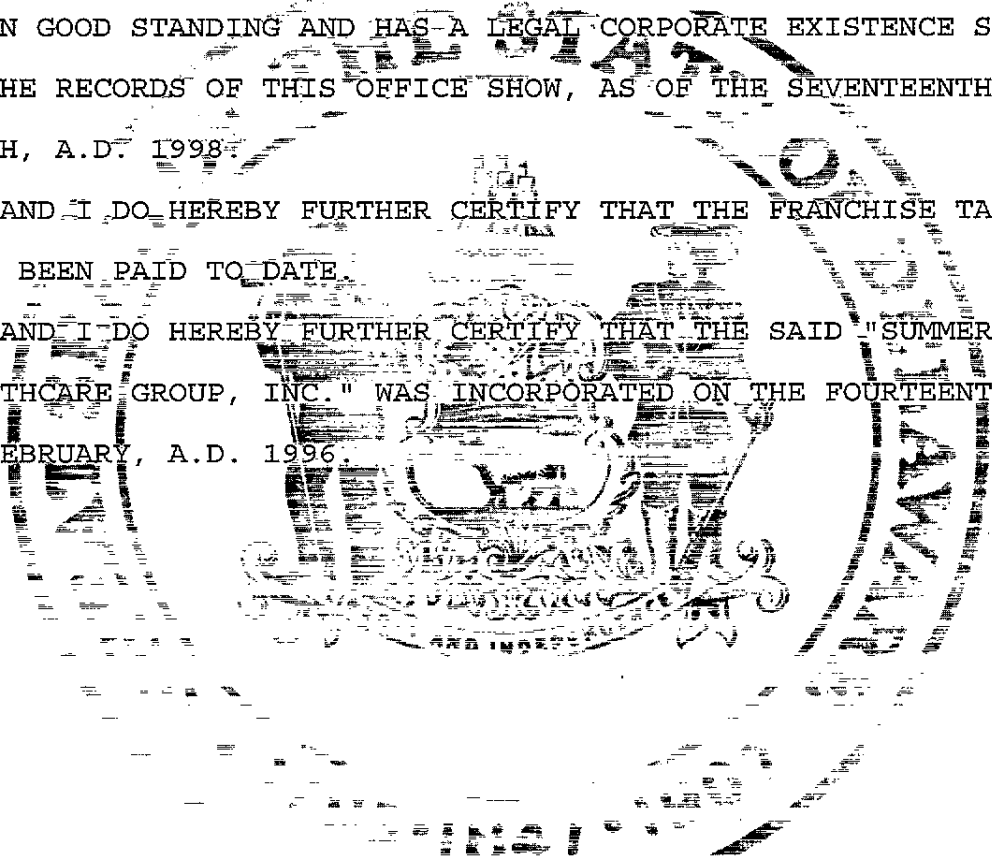
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Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SUMMERVILLE HEALTHCARE GROUP, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTEENTH DAY OF MARCH, A.D. 1998.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SUMMERVILLE HEALTHCARE GROUP, INC." WAS INCORPORATED ON THE FOURTEENTH DAY OF FEBRUARY, A.D. 1996.



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Edward J. Freel

Edward J. Freel, Secretary of State

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AUTHENTICATION: 8974296

DATE: 03-17-98