M000000002447

CT Corporation System 660 East Jefferson Street Tallahassee, FL 32301 Tel 850 222 1092 Fax 850 222 7615 Attn: Jeff Netherton

800003483098--6 -12/01/00--01054--018 ****160.00 ****160.00

CORPORATION(S) NAM	Æ.	-
MelWood Nursing Center	, L.L.C.	
() Profit () Nonprofit	() Amendment	() Merger
(x) Foreign	() Dissolution/Withdrawal () Reinstatement	() Mark
() Limited Partnership (x) LLC	() Annual Report () Name Registration () Fictitious Name	() Other () Change of RA () UCC
(x) Certified Copy	() Photocopies	(x) CUS
() Call When Ready (x) Walk In () Mail Out	() Call If Problem () Will Wait	() After 4:30 (x) Pick Up
Name Availability	12/01/00	Order#: SECR
Documents Examiner Updater		Ref#: Ref#:
VerifierAcknowledgementW.P. Verifier	- -	Amount:\$



APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	MelWood Nursing Center, L.L.C.			
	(Name of foreign limited liability company)			
2.	Tennessee 3. applied for			
-	(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)	•	, .	
4.	10/12/2000 5. 2050 (Duration: Year limited liability company will cease to			
_	exist or "perpetual")			
6.	upon filing (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)			
7.	3001 Keith Street, NW			
	Cleveland, TN 37312 (Street address of principal office)			
	(2 to the state of principal trace)			
8.	If limited liability company is a manager-managed company, check here	-		
9.	The usual business addresses of the managing members or managers are as follows:			
	3001 Keith Street, NW			
	Cleveland, TN 37312			
				_
the	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of recipits of the certificate is in a foreign language, and aslation of the certificate under oath of the translator must be submitted.)	cords ir	1	
11	. Nature of business or purposes to be conducted or promoted in Florida: own, operate	99	-	<u>:</u>
	and/or manage health care facilities			_
	Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes	DEC - J PM 12:	FILED	APPROVE
	an affirmation under the penalties of perjury that the facts stated herein are true.) Joan E. Thurmond, Assistant Secretary	V.		,
	Typed or printed name of signee	28		

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

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Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

CT Corporation System

Ory R. Adams

(Signature)

MARY R. ADAMS
ASSISTANT SECRETARY

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

FILED

00 DEC -1 PM 12: 28

SECRETARY OF STATE
FALLAHASSEE, FI OR IR.

Secretary of State
Division of Business Services
312 Eighth Avenue North
6th Floor, William R. Snodgrass Tower
Nashville, Tennessee 37243

ISSUANCE DATE: 10/12/2000 REQUEST NUMBER: 00286126 TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 10/12/2000 STATUS: ACTIVE CORPORATE EXPIRATION DATE: PERPETUAL CONTROL NUMBER: 0397137 JURISDICTION: TENNESSEE

TO: CFS 8161 HIGHWAY 100 #172 NASHVILLE, TN 37221 REQUESTED BY: CFS 8161 HIGHWAY 100 #172 NASHVILLE, TN 37221

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT
"MELWOOD NURSING CENTER, L.T.C."

A LIMITED LIABILITY COMPANY DULY FORMED UNDER THE LAW OF THIS STATE WITH DATE OF FORMATION AND DURATION AS GIVEN ABOVE;
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE EXISTENCE OF THE LIMITED LIABILITY COMPANY HAVE BEEN PAID:
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND THAT ARTICLES OF TERMINATION OF THE EXISTENCE HAVE NOT BEEN FILED.

FOR: REQUEST FOR CERTIFICATE

FROM: CFS 8161 HIGHWAY 100 #172 NASHVILLE, TN 37221-0000 ON DATE: 10 Z Z/00_

RECEIVED:

\$20.00

TOTAL PAYMENT RECEIVED:

OPECETOR MIMORE OCA

RECEIPT NUMBER: ACCOUNT NUMBER:

00002751753F 06101230 06101230 75

Rely C Darnell

RILEY C. DARNELL SECRETARY OF STATE

