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FLORIDA/FOREIGN LP/LLP

PINNACLE HEALTH FACILITIES XXIV, LP

Certificate of Status	0
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APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINES IN FLORIDA

1. Pinnacle Health Facilities XXIV, LP
(Name of Limited Partnership or Limited Liability Limited Partnership, *which must include suffix*)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

dba St. Andrews Bay Skilled Nursing and Rehabilitation Center
(If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.)

2. Texas (State or Country of Formation) 3. 7/26/2006 (Date of Formation)

4. Capital Corporate Services, Inc.
(Name of Registered Agent for Service of Process)

5. 155 Office Plaza Dr., Suite A
(Florida street address for Registered Agent)

Tallahassee Florida 32301

6. *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 an accept the obligations of my position as registered agent.*

Baylo Wundlo, asst sec
Signature of Registered Agent

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

Plano, TX 75093

8. If limited partnership is a limited liability limited partnership, check box ☐

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9. _____
(Mailing address)

10. Name, principal office address, and mailing address of each general partner:

Pinnacle Health Facilities GP II, LLC	5420 W Plano Parkway	M07000005547
(Name)	(Street Address)	
	Plano TX 75093	
	(Mailing Address)	
(Name)	(Street Address)	
	(Mailing Address)	
(Name)	(Street Address)	
	(Mailing Address)	
(Name)	(Street Address)	
	(Mailing Address)	

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(Name) (Street Address)

(Mailing Address)

(Name) (Street Address)

(Mailing Address)

11. Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 20 day of September, 20 07

Signature of a general partner:

Manager of the GP

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Filing Fees: **$1,000.00** ($965 Filing Fee and $35 Registered Agent Fee)
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Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697

Phil Wilson
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Pinnacle Health Facilities XXIV, LP (file number 800685875), a Domestic Limited Partnership (LP), was filed in this office on July 26, 2006.

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 September 24, 2007.

Phil Wilson
Secretary of State

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