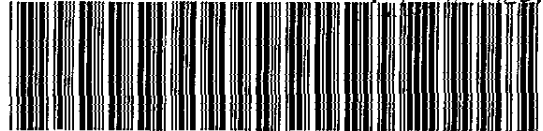


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

C T CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, Florida 32301

City

State

Zip

Phone

904-222-1092

CORPORATION(S) NAME

Sengco Care Hospital of Tallahassee, Inc

☒ Profit

☐ NonProfit

☐ Limited Liability Company

☒ Foreign

☐ Amendment

☐ Merger

☐ Dissolution/Withdrawal

☐ Mark

☐ Limited Partnership

☐ Annual Report

☐ Other

☐ Reinstatement

☐ Reservation

☐ Change of R.A.

☐ Certified Copy

☐ Photo Copies

☐ Fictitious Name

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Thank-you, Run

Melanie

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO **FILED**
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. **03 FEB 14 PM 1:13**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. SemperCare Hospital of Tallahassee, 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. 56-2314944
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. February 10, 2003 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon qualification
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 2745 North Dallas Parkway, Suite 300, Plano, Texas 75093
(Principal office address)
2745 North Dallas Parkway, Suite 300, Plano, Texas 75093
(Current mailing address)
8. Provider of healthcare services.
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: C T Corporation System

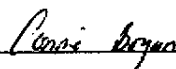
Office Address: 1200 South Pine Island Road,

Plantation, Florida 33324
(City) (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.

C T Corporation System

By: 
(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.

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

A. DIRECTORS

Chairman: Robert A. Lefton

Address: 2745 North Dallas Parkway, Suite 300, Plano, Texas 75093

Vice Chairman: Gary A. Kagan

Address: 2745 North Dallas Parkway, Suite 300, Plano, Texas 75093

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Robert A. Lefton

Address: 2745 North Dallas Parkway, Suite 300, Plano, Texas 75093

Vice President: Gary A. Kagan

Address: 2745 North Dallas Parkway, Suite 300, Plano, Texas 75093

Secretary: John King

Address: 2745 North Dallas Parkway, Suite 300, Plano, Texas 75093

CFO

~~Treasurer~~ John King

Address: 2745 North Dallas Parkway, Suite 300, Plano, Texas 75093

SEE ATTACHMENT FOR ADDITIONAL OFFICER INFORMATION.

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. Robert A. Lefton, Chairman and President

(Typed or printed name and capacity of person signing application)

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SECRETARY OF STA
TALLAHASSEE, FLOR

Attachment

Additional officer information (Item 12.):

Assistant Secretary: Sally A. Parnell

Address: 2745 North Dallas Parkway, Suite 300, Plano, Texas 75093

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

The First State

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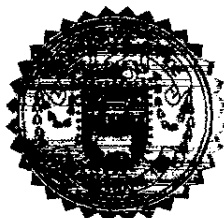
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SEMPERCARE HOSPITAL OF TALLAHASSEE, 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 ELEVENTH DAY OF FEBRUARY, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

3623975 8300

AUTHENTICATION: 2252971

030088093

DATE: 02-11-03