

Division of Corporations

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**FD3000005119**

Florida Department of State  
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To:

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Fax Number : (850) 205-0383

From:

Account Name : TRIAD PROFESSIONAL SERVICES, LLC  
Account Number : I20020000094  
Phone : (770) 777-2091  
Fax Number : (770) 777-2094

*Resubmitting  
w/ corrections*

**FOREIGN PROFIT QUALIFICATION**

**Four Seasons Healthcare, Inc.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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Department of State 10/15/2003 7:33 PAGE 1/1 RightFAX

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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

October 14, 2003

TRIAD PROFESSIONAL SERVICES, LLC

SUBJECT: FOUR SEASONS HEALTHCARE, INC.  
REF: W03000029667

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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Trevor Brumblay  
Document Specialist

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**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. Four Seasons Healthcare, 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  
(State or country under the law of which it is incorporated)
3. 36-4425473  
(FEI number, if applicable)
4. February 16, 2001  
(Date of incorporation)
5. perpetual  
(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. 6666 Powers Ferry Road, Ste. 328, Atlanta, GA 30339  
(Principal office address)  
6666 Powers Ferry Road, Ste. 328, Atlanta, GA 30339  
(Current mailing address)
8. Any lawful act or activity for which corporations may be organized under the laws of this state.  
(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: NRAI Services, Inc.  
Office Address: 526 E. Park Avenue  
Tallahassee, Florida 32301  
(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.*  
NRAI Services, Inc.  
By: Mary Paris  
(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 business addresses of officers and/or directors:

A. DIRECTORS

Chairman: see attached

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: see attached.

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. Cynthia L. Lumpkin, Chief Financial Officer

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

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**FOUR SEASONS HEALTHCARE, INC.**

**OFFICERS AND DIRECTORS**

**Officers**

<u>Title</u>	<u>Name</u>	<u>Address</u>
Chairman and Chief Executive Officer	Rodney D. Windley	6666 Powers Ferry Road, Ste. 328 Atlanta, GA 30339
President and Chief Operating Officer	H. Anthony Strange	6666 Powers Ferry Road, Ste. 328 Atlanta, GA 30339
Treasurer and Chief Financial Officer	Cynthia L. Lumpkin	6666 Powers Ferry Road, Ste. 328 Atlanta, GA 30339
Secretary and Legal Counsel	John T. Ennis, Sr.	6666 Powers Ferry Road, Ste. 328 Atlanta, GA 30339
Assistant Secretary	Gary E. Snyder	6666 Powers Ferry Road, Ste. 328 Atlanta, GA 30339

**Directors:**

<u>Name</u>	<u>Address</u>
Rodney D. Windley	6666 Powers Ferry Road, Ste. 328 Atlanta, GA 30339
H. Anthony Strange	6666 Powers Ferry Road, Ste. 328 Atlanta, GA 30339
John T. Ennis, Sr.	6666 Powers Ferry Road, Ste. 328 Atlanta, GA 30339
Gary E. Snyder	6666 Powers Ferry Road, Ste. 328 Atlanta, GA 30339
George Miller	6666 Powers Ferry Road, Ste. 328 Atlanta, GA 30339

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# Delaware

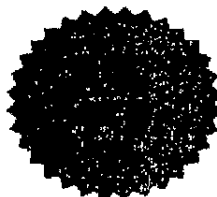
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## *The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FOUR SEASONS HEALTHCARE, 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 SECOND DAY OF OCTOBER, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FOUR SEASONS HEALTHCARE, INC." WAS INCORPORATED ON THE SIXTEENTH DAY OF FEBRUARY, A.D. 2001.

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



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*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State  
AUTHENTICATION: 2668539

DATE: 10-02-03

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