

F04000003001

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

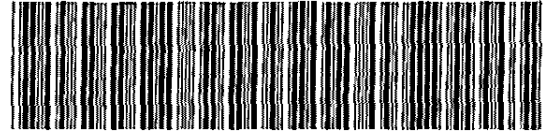
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/28/04--01021--003 **70.00

RECEIVED
04 MAY 28 AM 11:19
DIVISION OF CORPORATION

FILED
04 MAY 28 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CT CORPORATION

May 28, 2004

Secretary of State, Florida
409 East Gaines Street
Tallahassee FL 32399

FILED
04 MAY 28 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: Order #: 6110553 SO
Customer Reference 1:
Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

LYRIC HEALTH CARE HOLDINGS IV, INC. (DE)
Qualification
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Ashley A Mitchell
Fulfillment Specialist
Ashley_Mitchell@cch-lis.com

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

FILED
04 MAY 28 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, 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. Lyric Health Care Holdings IV, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. 38-3702449
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. May 12, 2004 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. Lyric Health Care LLC
(Principal office address)

11350 McCormick Road, Suite LL-4, Hunt Valley, Maryland 21031
(Current mailing address)

8. Leasing of real property
(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: Cornie Bryan *Special Asst. Secretary*
(Registered agent's signature)
Cornie Bryan

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: Timothy F. Nicholson

Address: 11350 McCormick Road, Suite LL-4

Hunt Valley, Maryland 21031

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: See attached Exhibit A

Address: _____

Vice President: _____

Address: _____

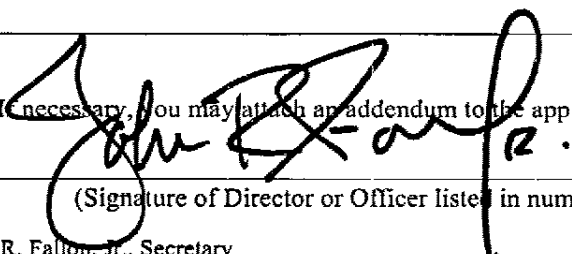
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13.  _____

(Signature of Director or Officer listed in number 12 of the application)

14. John R. Fallon, Jr., Secretary

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

EXHIBIT A

LIST OF OFFICERS

<u>NAME</u>	<u>OFFICE</u>	<u>ADDRESS</u>
Timothy F. Nicholson	President	11350 McCormick Road Suite LL-4 Hunt Valley, Maryland 21031
John B. Poole	Executive Vice President	11350 McCormick Road Suite LL-4 Hunt Valley, Maryland 21031
Matthew F. Auman	Senior Vice President	11350 McCormick Road Suite LL-4 Hunt Valley, Maryland 21031
Timothy J. Trybus	Senior Vice President	11350 McCormick Road Suite LL-4 Hunt Valley, Maryland 21031
John R. Fallon, Jr.	Secretary	c/o LeBoeuf, Lamb, Greene & MacRae, LLP 125 West 55th Street New York, New York 10019

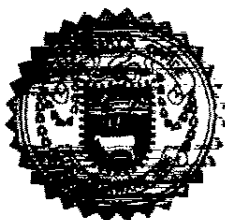
Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LYRIC HEALTH CARE HOLDINGS IV, 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 TWENTY-SIXTH DAY OF MAY, A.D. 2004.

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

3802399 8300

AUTHENTICATION: 3135174

040390487

DATE: 05-26-04