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To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850) 521-1000  
Fax Number : (850) 558-1575

**FOREIGN PROFIT QUALIFICATION**

**PREMIER HEALTHCARE PROPERTIES INC.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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TALLAHASSEE, FLORIDA

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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. PREMIER HEALTHCARE PROPERTIES INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

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

## 2. Maryland

(State or country under the law of which it is incorporated)

## 3. applied for

(FEI number, if applicable)

## 4. February 4, 2005

(Date of incorporation)

## 5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

## 6. Upon filing

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

## 7. 100 2nd Avenue South, Suite 901S, St. Petersburg, FL 33701

(Principal office address)

100 2nd Avenue South, Suite 901S, St. Petersburg, FL 33701

(Current mailing address)

## 8. To engage in any lawful business or other activity permitted by law.

(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 NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Rays Street

Tallahassee

(City)

Florida 32301

(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.

Corporation Service Company

By: Tabatha Miller, Asst VP

(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:

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**A. DIRECTORS**

Chairman: Bart Wyatt

Address: 100 2nd Avenue South, Suite 901S, St. Petersburg, FL 33701

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

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

Director: Joyce Karoleski

Address: 100 2nd Avenue South, Suite 901S, St. Petersburg, FL 33701

Director: MARY Madonna

Address: 100 2nd Avenue South, Suite 901S, St. Petersburg, FL 33701

**B. OFFICERS**

President: Bart Wyatt

Address: 100 2nd Avenue South, Suite 901S, St. Petersburg, FL 33701

Vice President: \_\_\_\_\_

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

Secretary: Bruce Blake

Address: 100 2nd Avenue South, Suite 901S, St. Petersburg, FL 33701

Treasurer: Gerry Gerlach

Address: 100 2nd Avenue South, Suite 901S, St. Petersburg, FL 33701

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

13. Bruce Blake  
(Signature of Director or Officer listed in number 12 of the application)

14. Bruce Blake, Secretary  
(Typed or printed name and capacity of person signing application)

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**STATE OF MARYLAND**  
**Department of Assessments and Taxation**

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT PREMIER HEALTHCARE PROPERTIES INC. IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS FEBRUARY 07, 2005.



Paul B. Anderson  
Charter Division



301 West Preston Street, Baltimore, Maryland 21201  
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MRS (Maryland Relay Service) (800) 735-2258 TT/Voice  
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