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FOREIGN PROFIT QUALIFICATION

Sunrise Senior Living Home Care, Inc.

Certificate of Status	1
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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. SUNRISE SENIOR LIVING HOME CARE, 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

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

3. applied for

(FEI number, if applicable)

4. 11/22/2005

(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. 7902 Westpark Drive; Attn: Legal Department, McLean, Virginia 22102

(Principal office address)

same as above

(Current mailing address)

8. to provide home health care 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 NOT acceptable)

Name: **CT Corporation System**

Office Address: **1200 South Pine Island Road**

Plantation

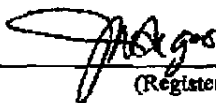
(City)

, Florida **33324**

(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.



(Registered agent's signature)

Judith B. Argao
Asst. Secretary & V President

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. DIRECTORSChairman: Tiffany L. TomassoAddress: 7902 Westpark Drive
McLean, Virginia 22102

Vice Chairman: _____

Address: _____

Director: _____


Address: _____

Director: _____

Address: _____

B. OFFICERSPresident: Tiffany L. TomassoAddress: 7902 Westpark Drive
McLean, Virginia 22102Vice President: Carl G. AdamsAddress: 7902 Westpark Drive
McLean, Virginia 22102Secretary: John F. GaulAddress: 7902 Westpark Drive, McLean, Virginia 22102Treasurer: Kenneth J. Abod, Jr.Address: 7902 Westpark Drive, McLean, Virginia 22102FILED
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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. Carl G. Adams, Vice President
(Typed or printed name and capacity of person signing application)

Delaware

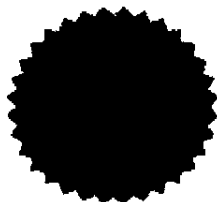
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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SUNRISE SENIOR LIVING HOME CARE, 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-THIRD DAY OF NOVEMBER, A.D. 2005.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SUNRISE SENIOR LIVING HOME CARE, INC." WAS INCORPORATED ON THE TWENTY-SECOND DAY OF NOVEMBER, A.D. 2005.



4065650 8300

050957287

Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4319009

DATE: 11-23-05