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SECRETARY OF STATE
AND SECRETARY OF STATE

c.f. 1-3-07

Robenalt & Robenalt

P.O. Box 550 Osprey, Florida 34229 Phone: 941-966-7755 Fax: 941-966-6678

John Francis Robenalt, Esq. Email: John@robenalt-law.com Member of the Florida and Ohio Bars

December 29, 2006

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Authorization to transact Business in Florida

Dear Sir or Madam:

Please find enclosed the Application by Foreign Corporation for Authorization to Transact Business in Florida (including cover letter, check and California Certificate of Good Standing) for the following California corporations:

- 1. Pacific Coast Health Care Center, Inc.
- 2. Morgan Hill Health Care Investors, Inc.

Should you have any questions please contact me at your earliest convenience. I look forward to your reply.

John Francis Robenalt

Attorney at Law

COVER LETTER

TO: New Filing Section Division of Corporations				
SUBJECT: Pacific Coast Health Care Center, Inc				
(Name of corporation - must include suffix)				
Dear Sir or Madam:				
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.				
Please return all correspondence concerning this matter to the following:				
John F. Robenalt, Esq.				
(Name of Person)				
Pacific Coast Health Care Center, Inc				
(Firm/Company)				
505 Velasquez Drive (Address)				
Osprey, FL 34229				
(City/State and Zip code)				
For further information concerning this matter, please call:				
John F. Robenalt, Esq. at (941) 966-7755				
John F. Robenalt, Esq. at (941) 966-7755 (Name of Person) (Area Code & Daytime Telephone Number)				
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				
Enclosed is a check for the following amount:				
\$70.00 Filing Fee \$\sum \$78.75 Filing Fee & \$\sum \$87.50 Filing Fee, Certificate of Status \$\sum Certified Copy\$ Certificate of Status & Certified Copy				

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. Pacific Co	ast Health Care Cente	r, Inc		
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")				
110., Co., Corp	ο, πιο, co, οι corp. <i>)</i>			
		adopted for the purpose of transacting business in Florida)		
2. California		77-0357820		
` •	der the law of which it is incorporated)	(FEI number, if applicable)		
4. September		Perpetual		
,	`incorporation)	(Duration: Year corp. will cease to exist or "perpetual")		
6. N/A	(Data first transported hyginage	n Florido if prior to registration)		
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)				
₇ 505 Velasquez Drive, Osprey, Fl 34229				
(Principal office address)				
505 Velasquez Drive, Osprey, Fl 34229				
	(Current mailing add	ress)		
8. Open Bank Account with state chartered bank				
	of corporation authorized in home state or c	with the provided and in that of Florida		
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: John F. Robenalt Office Address: Osprey (City) Osprey (City) Ospred Address: (P.O. Box NOT acceptable) Florida Address: Address: (P.O. Box NOT acceptable) Florida Address: (P.O. Box NOT acceptable)				
Name:	John F. Robenalt	空		
144	505 Velasquez Drive	SSI 2	M	
		— 24220 Fig. 2	C	
-	Osprey	, Florida 34229		
	(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 falative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.				
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(/ N				

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.

(Registered agent's signature)

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12. Names and business addresses of officers and/or directors:	FILED 2007 JAN - 2 PM 12: 27 TALLAHASSY OF DE
A. DIRECTORS	2007.101
Chairman: John F. Robenalt	SECONO -2 PM/2
Address: 505 Velasquez Drive, Osprey, FI 34229	TALLAHASST OF ST
	OEE, FLORIDA
Vice Chairman: Vancene F. Robenalt	
Address: 505 Velasquez Drive, Osprey, FI 34229	
Director: John F. Robenalt	
Address: 505 Velasquez Drive, Osprey, FI 34229	
•	
Vancene F. Robenalt	
Address: 505 Velasquez Drive, Osprey, Fl 34229	
B. OFFICERS	
President: John F. Robenalt	
Address: 505 Velasquez Drive, Osprey, Fl 34229	
Address: Oct Voide dez Birve, Copiey, 11 0 1220	
Vice President: Vancene F. Robenalt	
Address: 505 Velasquez Drive, Osprey, FI 34229	
Address: Goo Volume Dillo, Gop. Cy, I. C. L. C.	
Secretary: John F. Robenalt	
Address: 505 Velasquez Drive, Osprey, Fl 34229	
Treasurer: Vancene F. Robenalt	
Address: 505 Velasquez Drive, Osprey, FI 34229	
Address:	
NOTE: If necessary, you may attach an adder the application listing additional officer	rs and/or directors.
13. XVM + Call Will	
(Signature of Director or Officer listed in number 12 of the application)	
14. John F. Robenalt (Typed or printed name and capacity of person signing application)	

State of California

Secretary of State

CERTIFICATE OF STATUS DOMESTIC CORPORATION

I, BRUCE McPHERSON, Secretary of State of the State of California, hereby certify:

That on the 2nd day of September, 1993, PACIFIC COAST HEALTH CARE CENTER, INC. became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office: and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of December 2, 2006.



BRUCE McPHERSON Secretary of State