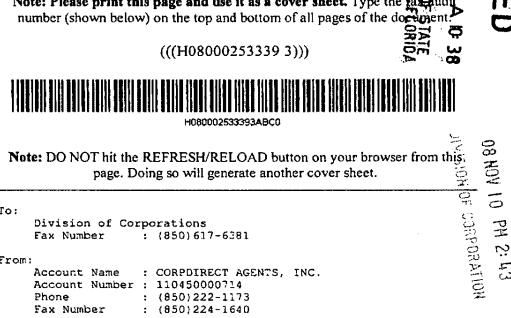
To: The Piorida Dept. of State Subject: 000916 Division of G

Florida Department of State

Division of Corporations Public Access System

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From:

Fax Number (850) 224-1640

000916.95371

FOREIGN PROFIT/NONPROFIT CORPORATION

INSTITUTE FOR LONG TERM CARE STUDIES, INC.

| Certificate of Status | 0 |
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| Certified Copy | 0 |
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APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617-1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

| N THE STATE OF FLORIDA: | | | | | |
|--|--|--|----------------------------|---------------------------|-----------------|
| Institute for Long Term Care Studies, Inc. (Name of corporation: must include the word "IN import in language as will clearly indicate that it is in the name at present. "Company" or "Co." may the company of the control of the cont | s a comoration instead of a t | กลานหลา กอเรอก กา กดเรษต | eshin il not | lions of lil so centai | ce ned |
| 2. DE | 3,26-3530581 | | | • | |
| (State or country under the law of which it is in | | (FEI number, (Fapple | able) | | |
| 4, August 22, 2008 | 5. Perpetual | | | | |
| (Date of Incorporation) | (Duration: | Year corp. will cease to | exist or "p | erpetual") | |
| 6, upon filing | | | 20 | 440 | |
| (Date first conducted affairs in Florida if prior to re | gistration. See sections 617.13 | 501 & 617, 1302, F.S. to | | enany lab | ilim |
| COTO DOS DE A DESENDANTE CONTRACTOR DE | 10440 | | 完全 | 否 | 1 |
| 7. 2979 PGA Bivd., Palm Beach Gardens, FL 3 | (Principal office address) | | -> | | |
| · | , , , | | SSA | 5 | 1 |
| same as above | | | | <u> </u> | |
| | (Current moiling address) | , | - 4 | \triangleright | |
| | | .: | 2 | 7 | |
| 8. provide education services | | ·· | 유로 | | |
| (Purpose(s) of corporation authorized in home su | ate or country to be carried o | out in the state of Florid | la) | | |
| Name and <u>street address</u> of Florida registere Name: Registered Agent Solutions, in | • • — | acceptable) | • | | |
| Office Address: 155 Office Plaza Drive, Sulfe | <u>A</u> | | | | |
| Tailahassee | , Florida 3 | 12301 | | | |
| (City) | | (Zip Code) | | | |
| 10. Registered agent's acceptance: If a ving been named as registered agent and to designated in this application, I hereby acceptanther agree to comply with the provisions of duties, and I am familiar with and accept the | the appointment as regital statutes relative to the obligations of my position (Registered Agents signature) | stered agent and agr e proper and comple n as registered agen re) | ee to act to te perform | this cap sance of | rácity, i my |
| to the Department of State, by the Secretary jurisdiction under the law of which it is in | ry of State or other officia | il having custody of o | orporate T | ecords in | the |

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| 12. Names and addresses of officers aud/or directors: | SECRETARY OF STATE | | |
|--|--|--|--|
| A. DIRECTORS | TALLAHASSEE FLORIDA | | |
| Chairman: E. Joseph Steier, III | | | |
| Address: 2979 PGA Blvd, Palm Beach Gardens, FL 33410 | | | |
| Vice Chairman: | | | |
| Address: | The state of the s | | |
| Director: | | | |
| Address: | | | |
| Director: | | | |
| Address: | anna ann an Aireann agus ann ann ann ann ann ann ann an Aireann ann an Aireann an Aireann an Aireann an Airean | | |
| II. OFFICERS | | | |
| President: E. Joseph Steier, III | | | |
| Address: 2979 PGA Bivd, Palm Beach Gardens, FL 33410 | | | |
| Vice President: John Harrison | | | |
| Address: 2979 PGA Blvd, Palm Beach Gardens, FL 33410 | | | |
| Secretary: Sandra L. Adams | | | |
| Address: 2979 PGA Blvd, Palm Beach Gardens, FL 33410 | | | |
| Treasurer: | Makes the second of the second | | |
| Address: | | | |
| NOTE: If necessary, you may attach an addendum to the application listing additional additional actions and additional actions and additional actions are addendum to the application listing additional actions are addendum. | | | |
| 13. Signature of Chairman, Vice Chairman, or any officer listed in numb | er 12 of the application) | | |
| 14 Sandra L. Adams. Esq. | | | |

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

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Delaware

DAGE 1

The First State

I, RARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INSTITUTE FOR LONG TERM CARE STUDIES, 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 TENTH DAY OF NOVEMBER, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INSTITUTE FOR LONG TERM CARE STUDIES, INC." WAS INCORPORATED ON THE TWENTY-SECOND DAY OF AUGUST, A.D. 2008.

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

FILED

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SECRETARY OF STATE
ASSEE FLORIDA

4591422 8300

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You may verify this certificate onlin

Warriet Smile Mindson

AUTHENTICATION: 6956990

DATE: 11-10-08