F09000029609

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

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W09-32090

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7/24/09

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: HEALTH CARE INVESTMENTS, LTD.
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:

RICHARD L. WINTER
Name of Person

HEALTH CARE INVESTMENTS, LTD.
Firm/Company

12444 POWERSCOURT DRIVE, SUITE 170
Address

ST. LOUIS, MO 63131
City/State and Zip code

richard-l-winter@gvcc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RICHARD L. WINTER at 314-965-1991
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 ☐ $78.75 Filing Fee & Certificate of Status ☐ $78.75 Filing Fee & Certified Copy ☒ $87.50 Filing Fee, Certificate of Status & Certified Copy

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 13, 2009

RICHARD L. WINTER
12444 POWERSCOURT DRIVE
SUITE 170
ST. LOUIS, MO 63131

SUBJECT: HEALTH CARE INVESTMENTS, LTD.
Ref. Number: W09000032090

We have received your document for HEALTH CARE INVESTMENTS, LTD. and your check(s) totaling $87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

The alternate corporate name is unavailable, please see attached print out.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 509A00023978

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DIVISION OF CORPORATION

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. Health Care Investments, LTD., Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")

HCI-FL Management Company
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

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

3. 43-1240848
(FEI number, if applicable)

4. 5/14/1981
(Date of incorporation)

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

6. JULY 1, 2009
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 10 ARAGON AVE., UNIT 1208, CORAL GABLES, FL 33134
(Principal office address)

12444 POWERSCOURT DR., SUITE 170, ST. LOUIS, MO 63131
(Current mailing address)

8. MANAGEMENT SERVICES TO NURSING HOMES
(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: DENNIS C. WINTER

Office Address: 1120 JASMINE CREEK CT

SUN CITY CENTER (City), Florida 33573 (Zip code)

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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)

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: RICHARD L. WINTER

Address: 10 ARAGON AVE., UNIT 1208

CORAL GABLES, FL 33134

Vice Chairman: _____

Address: _____

_____

Director: KATHRYN A. WINTER

Address: 725 S. SKINKER BLVD., APT 9N

ST. LOUIS, MO 63105

Director: DENNIS C. WINTER

Address: 1120 JASMINE CREEK CT

SUN CITY CENTER, FL 33573

B. OFFICERS

President: RICHARD L. WINTER

Address: 10 ARAGON AVE., UNIT 1208

CORAL GABLES, FL 33134

Vice President: DENNIS C. WINTER

Address: 1120 JASMINE CREEK CT

SUN CITY CENTER, FL 33134

Secretary: RICHARD L. WINTER

Address: 10 ARAGON AVE., UNIT 1208, CORAL GABLES, FL 33134

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. RICHARD L. WINTER
(Typed or printed name and capacity of person signing application)

STATE OF MISSOURI

Robin Carnahan
Secretary of State

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DIVISION OF CORPORATIONS
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CORPORATION DIVISION

CERTIFICATE OF GOOD STANDING

I, ROBIN CARNAHAN, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

HEALTH CARE INVESTMENTS, LTD.
00230965

was created under the laws of this State on the 14th day of May, 1981, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 1st day of July, 2009

Secretary of State

Certification Number: 11897016-1 Reference:
Verify this certificate online at http://www.sos.mo.gov/businessentity/verification