

CORPORATION(S) NAME

CHARTER NUMBER

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Personación of St. Pa	900001407209 -02/15/95-01068028
Amendment Annual Report Change of Registered Agent Dissolution/Withdrawal Domestication Fictitious Business Name Foreign - Profit Foreign - Non-Profit Limited Partnership Limited Liability Mtr. Veh.  Certified Copy Photocopy	Merger Name Reservation Non-Profit/Articles of Incorporation Other Profit/Articles of Incorporation Reinstatement Resignation of R.A., Off/Dir Trademark UCC/Filing I UCC/Filing 3  CUS Good Standing
Corporate Print-Out Fictitious/Owner Search  ( X) Walk in ( ) Call if Problem (  FOR PRENTICE HALL'S I  BRANCH ORDERING: TO BY: WORLD  BRANCH RECEIVING: TO BY: WORLD  REF/JOB # 300 - 215 - 62 107  CLIENT MATTER #	P.A., Off/Dir Search  ) Will Walt  (X) Pick up3; a DATE/TIME
SAME DAY 24 HR ROUTINE  VERBAL REQUESTED: YES OR NO.  DATE SENT: MAIL FAX FED EXP  FILED:  SENT TO: BRANCH CLIENT  SPECIAL INSTRUCTIONS:	SPEC. HANDL. MESSENGER

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 507.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

State or country under the law of which it is incorporated)  4. 01/11/95	2. <u>De laware</u> 3. N (State or country under the law of which it is incorporated) (FEI nut	٨	
(Duration: Year corp. will cease to exist or 'perpetual')  (Date of incorporation)  (Date first transacted business in Flonda. (See sections 607.1501, 607.1502 and 817.155, F.S.)  (Date first transacted business in Flonda. (See sections 607.1501, 607.1502 and 817.155, F.S.)  (Date of incorporation and state of incorporation)  (Current mailing address)  (Current mailing address)  (Current mailing address)  (Purposels) of corporation authorized in home state or country to be carned out in the state of Flonda)  (Purposels) of corporation authorized in home state or country to be carned out in the state of Flonda)  (Purposels) of corporation authorized in home state or country to be carned out in the state of Flonda)  (Purposels) of corporation authorized in home state or country to be carned out in the state of Flonda)  (Purposels) of corporation authorized address:  The Prentice-Hall Corporation at the process for the above state or process for the appointment of all statutes relative to the proper and complete performance of my duties, and I am family the provision as registered agent.  The Prentice-Hall Corporation System, Inc.  By:  (A. C. C. (A. 1.10)		nber, if applic	ablel
(Date first transacted business in Flonda. (See sections 607.1501, 607.1502, and 817.155, F.S.)  7. 400 Northridge Read., Suite 400  At lanta, GA 30350  (Current mailing address)  3. Operation of skilled nursing facility  (Purposels) of corporation authorized in home state or country to be carned out in the state of Flondal  3. Name and street address of Florida registered agent:  The Prentice-Hall Corporation  Name: System, Inc.  O'Tice Address: 1201 Hays Street, Suite 105  Tallahassee , Florida, 32301  (Zip Code)  O. Registered agent's acceptance:  aving been named as registered agent and to accept service of process for the above state agrication at the place designated in this application, I hereby accept the appointment all statutes relative to the proper and complete performance of my duties, and I am familiated the obligations of my position as registered agent.  The Prentice-Hall Corporation System, Inc.  By: Acceptance	4. <u>01/11/95</u> 5. Perpetual		
(Dam first vansacued business in Flonda. (See sections 607.1501, 607.1502, and 817.155, F.S.)  7. 400 Northridge Read., Suite 400  At lanta, GA 30350  (Current mailing address)  Operation of skilled nursing facility  (Purposels) of corporation authorized in home state or country to be carned out in the state of Flonda)  Name and street address of Florida registered agent:  The Prentice-Hall Corporation  Name: System, Inc.  O'Tice Address: 1201 Hays Street, Suite 105  Tallahassee , Florida, 32301  (Zip Code)  O. Registered agent's acceptance:  aving been named as registered agent and to accept service of process for the above state agreed agent and agree to act in this application, I hereby accept the appointment all statutes relative to the proper and complete performance of my duties, and I am familiated the proper and complete performance of my duties, and I am familiated the preparation of my position as registered agent.  The Prentice-Hall Corporation System, Inc.  By:   A C C Hallando	(Date of Incorporation) (Duration: Year corp.	wil coase m	Aviet or Thermanicia
Atlanta, CA 30350  (Current mailing address)  (Current mailing address)  (Purposels) of corporation authorized in home state or country to be carned out in the state of Floridal  Name and street address of Florida registered agent:  The Prentice-Hall Corporation  Name:  System, Inc.  O'Tice Address:  1201 Hays Street, Suite 105  Tallahassee  , Florida, 32301  (Zip Code)  D. Registered agent's acceptance:  aving been named as registered agent and to accept service of process for the above state of the place designated in this application, I hereby accept the appointment gistered agent and agree to act in this capacity. I further agree to comply with the provision all statutes relative to the proper and complete performance of my duties, and I am family the prentice-Hall Corporation System, Inc.  By:  (A CC (A Halland)	6upon qualification	40230 W	everor beibemail
Atlanta, GA 30350  (Current mailing address)  Operation of skilled nursing facility  (Purpose(s) of corporation authorized in home state or country to be carned out in the state of Florida)  Name and street address of Florida registered agent:  The Prentice-Hall Corporation  Name:  System, Inc.  O'Tice Address:  1201 Hays Street, Suite 105  Tallahassee  , Florida, 32301  (Zip Code)  O. Registered agent's acceptance:  aving been named as registered agent and to accept service of process for the above state arroporation at the place designated in this application, I hereby accept the appointment all statutes relative to the proper and complete performance of my duties, and I am family that accept the obligations of my position as registered agent.  The Prentice-Hall Corporation System, Inc.  By:  (A.C. C. (A.C. C. (A.C. C. (A.C. C.	(Dam first transacted business in Flonda, (See sections 607, 1501, 507, 167	22	
(Current mailing address)  Operation of skilled nursing facility  (Purposels) of corporation authorized in home state or country to be carned out in the state of Florida)  Name and street address of Florida registered agent:  The Prentice-Hall Corporation  Name: System, Inc.  Office Address: 1201 Hays Street, Suite 105  Tallahassee , Florida, 32301  (Zip Code)  Registered agent's acceptance:  Eving been named as registered agent and to accept service of process for the above state of the place designated in this application, I hereby accept the appointment all statutes relative to the proper and complete performance of my duties, and I am family than accept the obligations of my position as registered agent.  The Prentice-Hall Corporation System, Inc.  By:   (Current mailing address)  (Current mailing address)  (Purposets)  (Current mailing address)  (Current mailing address of Florida registered agent:  (Current mailing address of Florida registered agent.  (Current mailing	/ 400 Northuldon B. J. a. J	14 and 017.15	13. F.S./
(Current mailing address)  Decration of skilled nursing facility  (Purposels) of corporation authorized in home state or country to be carned out in the state of Florida)  Name and street address of Florida registered agent:  The Prentice-Hall Corporation  Name:  System, Inc.  Office Address:  1201 Hays Street, Suite 105  Tallahassee  Tallahassee  Telorida,  (Zip Code)  D. Registered agent's acceptance:  Eving been named as registered agent and to accept service of process for the above state of process for the place designated in this application, I hereby accept the appointment all statutes relative to the proper and complete performance of my duties, and I am family the provision of the proper and complete performance of my duties, and I am family the prentice-Hall Corporation System, Inc.  By:  (Current mailing address)  (Purpose(s) of skilled nursing facility  (Cip Code)	300 NorthFinge Road, Suite 400	<del></del>	
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all statutes relative to the proper and complete performance of my duties, and I am familith and accept the obligations of my position as registered agent.  The Prentice-Hall Corporation System, Inc.  By:	rporation at the place designated in this and in the	by accept t	he appointment
th and accept the obligations of my position as registered agent.  The Prentice-Hall Corporation System, Inc.  By:	gistered agent and agree to act to this case it is the		with the provision
The Prentice-Hall Corporation System, Inc.  By: // ûlCic ( // // // // // // // // // // // // /	gistered agent and agree to act in this capacity. I further agree all statutes relative to the proper and as malely.	e to comply	
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51. Coloco ( - Helling	gistered agent and agree to act in this capacity. I further agree all statutes relative to the proper and complete performance ith and accept the obligations of my position as registered agent the property capacity.	e to comply of my dutie nt.	s, and I am famil
	gistered agent and agree to act in this capacity. I further agree all statutes relative to the proper and complete performance ith and accept the obligations of my position as registered agent the property capacity.	e to comply of my dutie nt.	s, and I am famil

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 addresses of officers and/or directors:

### A. DIRECTORS

	Chairman:	SEE ATTACHMENT A
	Address: '	
	Vica Chairmai	n:
	Director:	
	Director:	
	<u></u>	(J)
В.	OFFICERS	SEE ATTACHMENT A
	President:	9
	Vice President	
	Secretary:	
	Address:	
	Treasurer:	
	Address:	
NOTE: and/or d	If necessary, you may lirectors.	attach an addendum to the application listing additional officers
13. (Sign	ature of Chairman, Vice Chair	irman, or any officer listed in number 12 of the application)
. 3		The state of the specification
14. <u>F</u>	rederic A. Randall, As	ssistant Secretary apacity of person signing application)
•	TELEVISION FOR THE COURSE OF T	apacity of person signific applications

#### ATTACHMENT A

12. Names and addresses of officers and/or directors:

#### A. DIRECTORS

John A. Bardir 400 Northridge Road Suite 400 Atlanta, GA 30350

Donald R. Myll 400 Northridge Road Suite 400 Atlanta GA 30350

Patrick T. Hackett 466 Lexington Avenue 10th Floor New York, NY 10017

#### B. OFFICERS

President:

John A. Bardis 400 Northridge Road

Suite 400

Atlanta, GA 30350

Vice President Finance:

and Secretary

Donald R. Myll 400 Northridge Road

Suite 400

Atlanta, GA 30350

Vice President:

Laura E. Cayce 400 Northridge Road

Suite 400

Atlanta, GA 30350

Senior Vice President:

Todd Lord

400 Northridge Road

Suite 400

Atlanta, GA 30350

Assistant Secretary

Frederic A. Ranúa 4675 MacArthur Court

Suite 1000

Newport Beach, CA 92660

Assistant Secretary

Jonathan H. Glenn 400 Northridge Road

Suite 400

Atlanta, GA 30350

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### State of Delaware

# Office of the Secretary of State

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THE DWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HERERY CERTIFY "PERSONACARE OF ST. PETERSBURG, 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 TWELFTH DAY OF JANUARY, A.D. 1995.

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