

Document Number Only

C T CORPORATION SYSTEM
Requestor's Name
660 East Jefferson Street
Address
Tallahassee, Florida 32301
City State Zip Phone
904-222-1092
CORPORATION(S) NAME

200001509822
-06/09/95--01055--018
*****70.00 *****70.00

200001509822
-06/09/95--01055--019
*****8.75 *****9.75

Integrated Health Services of Skyview II, Inc.

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> Foreign | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of R.A. |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Fictitious Name |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Call When Ready | <input checked="" type="checkbox"/> CUS/ G/S |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Call if Problem | <input type="checkbox"/> After 4:30 |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input checked="" type="checkbox"/> Walk In | | |
| <input type="checkbox"/> Mail Out | | |

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6/9/95

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

**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. Integrated Health Services of Skyview II, Inc.
(Name of corporation: must include the word "INCORPORATED," "COMPANY," or "CORPORATION" or words or abbreviations of like import in language, as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Delaware
(State or country under the law of which it is incorporated)
3. May 9, 1995 4. Perpetual
(Date of Incorporation) (Duration)
5. 521926651
(Federal Employer Identification number, if applicable)
6. Upon Qualification
(Date first transacted business in Florida. See sections 607.1501, 607.1502, and 817.155, F.S.)
7. 801 Laurel Oak Drive-Suite 618, Naples, Florida 33963
(Current mailing address)
8. Operator & Owners of Corporate Aircraft
(Brief description of the nature of the business in which it is engaged in the state of Florida)
9. Names and street addresses of officers and or directors:
A. Directors:
Chairman: See attached list of directors
Address: _____

Vice Chairman: See attached list of directors
Address: _____

Director: See attached list of directors
Address: _____

Director: _____
Address: _____

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B. Officers:

President: see attached list of officers

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

(If needed, you may attach an addendum to the application listing additional officers and/or directors.)

10. Name and Street address of Florida registered agent:

Name: C T Corporation System

Office Address: c/o C T Corporation System, 1200 South Pine Island Road
Plantation, Florida 33324

Zip Code

11. 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: _____

C T Corporation System

(Officer)

DAVID W. NICKELSEN ASST- SECY.

(Typed Name and Title of Officer)

12. 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.

13. _____
(Signature of Chairman, Vice Chairman, or any officer listed in number 9 of the application)

Senior Vice

14. Marshall A. Elkins, President

(Name and capacity of person signing application)

INTEGRATED HEALTH SERVICES OF SKYVIEW II, INC.

Directors:

Marshall A. Elkins

Marc B. Levin

Lawrence P. Cirka

Address:

Suite 618
801 Laurel Oak Drive
Naples, FL 33963

INTEGRATED HEALTH SERVICES OF SKYVIEW II, INC.

Officers	Office
Lawrence P. Cirka	President and Chief Operating Officer
Brian K. Davidson	Senior Vice President - Development
Gary A. Singleton	Senior Vice President - Strategic Planning and Medical Specialty Units Development
Marshall A. Elkins	Senior Vice President and General Counsel; Secretary - D
David N. Chichester	Senior Vice President - Finance
Marc B. Levin	Senior Vice President - Investor Relations; Assistant Secretary - D
Dennis A. Cahill	Senior Vice President - Chief Accounting Officer
Edward J. Komp	Senior Vice President - Managed Division
Scott W. Robertson	Senior Vice President - Allied Services
Mark S. Davis	Vice President
Eleanor C. Harding	Vice President
Leslie A. Glew	Assistant Secretary
Michael W. Tan	Assistant Secretary
John R. Fallon, Jr.	Assistant Secretary

State of Delaware
Office of the Secretary of State

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INTEGRATED HEALTH SERVICES OF SKYVIEW II, 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 THIRTIETH DAY OF MAY, A.D. 1995.

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -9 PM 1:44



Edward J. Freel

Edward J. Freel, Secretary of State

AUTHENTICATION:

DATE:

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05-30-95