

Document Number Only
F95000003900

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				

500001560535
-08/15/95--01068--012
****420.00 *****70.00

500001560535
-08/15/95--01068--011
****315.00 *****52.50

MARINE HEALTHCARE OF FLORIDA	
SECRETARY OF STATE	
TALLAHASSEE, FLORIDA	

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

Name
Availability
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Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

8-11-95
4:00

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE
STATE OF FLORIDA:

1. MARINER HEALTHCARE OF INVERNESS, Inc.
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "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. APPLIED FOR
(FEI number, if applicable)
4. 7-26-95
(Date of Incorporation)
5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")
6. 7-27-95
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.))
7. 475 Bridge Street
GROTON, CT 06340
(Current mailing address)
8. HEALTHCARE
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent:
Name: CT CORPORATION SYSTEM I
Office Address: 1200 So. Pine Island Rd.
PLANTATION, Florida, 33324
(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 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.

Donnie Bryan
DONNIE BRYAN
SPECIAL ASSISTANT SECRETARY
(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.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: ARTHUR W. STRATTON JR.

Address: CLIPPER POINT RD.

WEST MYSTIC, CT 06388

Director: NANCY L. STRATTON

Address: CLIPPER POINT RD.

WEST MYSTIC CT 06388

B. OFFICERS

President: ARTHUR W. STRATTON

Address: CLIPPER POINT RD.

WEST MYSTIC CT 06388

Vice President: JENNIFER B. GALLAGHER

Address: 28 SPRING STREET

NOANK, CT 06340

Secretary: NANCY L. STRATTON

Address: CLIPPER POINT RD.

WEST MYSTIC CT 06388

Treasurer: JEFFREY W. KINELL

Address: 9 Applewood Common

EAST LYME CT 06333

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.

[Signature]
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14.

JEFFREY W. KINELL, TREASURER
(Typed or printed name and capacity of person signing application)

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 "MARINER HEALTH CARE OF INVERNESS, 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 TWENTY-SIXTH DAY OF JULY, A.D. 1995.

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

FILED
95 AUG 11 PM 4:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA




Edward J. Freel, Secretary of State

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AUTHENTICATION:

7586864

DATE:

07-26-95