

Print out Number Only  
**F95000003901**

COMPANION SYSTEM  
Requestor's Name  
660 East Jefferson Street  
Address  
Tallahassee, Florida 32301  
City State Zip Phone  
904-222-1092  
COMPANION(S) NAME

28/11  
95 AUG 11 PM 4: H  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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800001560538  
-08/15/95--01068--011  
Marine Healthcare of Metro ~~15.00~~ +52.50

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

☒ Profit  
☐ NonProfit  
☐ Limited Liability Company  
☒ Foreign  
☐ Amendment  
☐ Merger  
☐ Dissolution/Withdrawal  
☐ Mark  
☐ Limited Partnership  
☐ Annual Report  
☐ Other  
☐ Restatement  
☐ Reservation  
☐ Change of N.A.  
☐ Certified Copy  
☐ Photo Copies  
☐ Fictitious Name  
☐ Call When Ready  
☒ Walk In  
☐ Mail Out  
☐ Call if Problem  
☐ Will Wait  
☒ After 4:30  
☒ Pick Up

Name  
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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 METROWEST, 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 3. Applied For  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 7-26-95 5. PERPETUAL  
(Date of incorporation) (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  
Office Address: 1200 SO. PINE ISLAND ROAD.  
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.

Connie Bryan CONNIE BRYAN  
(Registered agent's signature) SPECIAL ASSISTANT SECRETARY

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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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, JR.

Address: CLIPPER POINT RD.

WEST MYSTIC CT 06388

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B. OFFICERS

President: ARTHUR W. STRATTON, JR.

Address: CLIPPER POINT RD.

WEST MYSTIC CT 06388

Vice President: JENNIFER B. GAUGHAN

Address: 28 SPRING STREET

NOANK, CT 06340

Secretary: NANCY L. STRATTON

Address: CLIPPER POINT ROAD.

WEST MYSTIC, CT 06388

Treasurer: JEFFREY W. KINELL

Address: 9 Applewood Common

EAST LYME CT 06333

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

13.

Jeffrey W. Kinell  
(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 METROWEST, 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.

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DIVISION OF CORPORATIONS  
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Edward J. Freel, Secretary of State

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AUTHENTICATION:

7586843

DATE:

07-26-95