

By Account Number Only
F95000003901

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

7/8/11
05 AUG 11 PM 5:11
SEARCHED
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11

8000001560538

-08/15/95-01068-011

Marine Healthcare of Metrolina 500 ****452.00

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-08/15/95-01068-012

****420.00 ****70.00

<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"/> Merit
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input type="checkbox"/> Foreign	<input type="checkbox"/> Reservation	<input type="checkbox"/> Change of H.A.
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Photo Copies	<input type="checkbox"/> Fictitious Name
<input type="checkbox"/> Reinstatement	<input type="checkbox"/> Other	<input type="checkbox"/> CUS/ 0/0
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Cell If Problem	<input type="checkbox"/> After 1:30
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Will Walk	<input type="checkbox"/> Pick Up
<input checked="" type="checkbox"/> Walk In		
<input type="checkbox"/> Mail Out		

Name
Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

8-11-95

4:00

PLEASE INCLUDE EXTRA COPY(S)
FILE STAMPED

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 TRANACT BUSINESS IN THE
STATE OF FLORIDA:

MARINER HEALTHCARE OF METROWEST, INC.

1. (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. DE LAWARE

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

APPLIED FOR

4. 7-26-95

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. Health Care

(Purposes) 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.

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

B. OFFICERS

President: ARTHUR W. STRATTON, JR.

Address: CLIPPER Point Rd.
WEST MYSTIC CT 06388

Vice President: JENNIFER B. GAUGHER

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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG 11 PM 4:11

State of Delaware
Office of the Secretary of State

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.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG 11 PM 4:11

Edward J. Freel
Edward J. Freel, Secretary of State



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AUTHENTICATION: 7586843

DATE: 07-26-95