

F 95000004591

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

700001580337
-09/21/95--01012--072
*****70.00 *****70.00

American Transitional Hospitals, Inc.

- ☒ Profit
☐ NonProfit
☐ Limited Liability Company
☒ Foreign
☐ Amendment
☐ Dissolution/Withdrawal
☐ Annual Report
☐ Reservation
☐ Photo Copies
☐ Call If Problem
☐ Will Wait
☐ Merger
☐ Mark
☐ Other
☐ Change of R.A.
☐ Fictitious Name
☐ CUS/ G/S
☐ Limited Partnership
☐ Reinstatement
☐ Certified Copy
☐ Call When Ready
☒ Walk In
☐ Mail Out
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Verifier
Acknowledgment
W.P. Verifier

9/21/95
3:00

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION 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. American Transitional Hospitals, 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. 76-023215

(FEI number if applicable)

4. 11-05-87

(Date of Incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. 10-01-95

(Date first transacted business in Florida. (See sections 607.1501, 607.1502 and 817.156, F.S.))

7. 5111 Rogers Avenue, Suite 40-A

Fort Smith, AR 72919-0155

(Current mailing address)

8. The purpose of the Corporation is to engage in any lawful act or activity
for which corporations may be organized under the General Law of the State of
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Delaware
Florida)

9. 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)

10. Registered agent 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.

C T CORPORATION SYSTEM

Connie Bryan
(Registered agent's signature) (Officer)

CONNIE BRYAN

SPECIAL ASSISTANT SECRETARY

(Type Name and Title of Officer)

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TALLAHASSEE, FLORIDA

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 _____ rated.

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

A. DIRECTORS See attached

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS See attached

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

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TALLAHASSEE, FLORIDA

Treasurer: _____

Address: _____

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

13. John W. MacKenzie
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. John W. MacKenzie, Vice President, Deputy General Counsel and Assistant Secretary
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

AMERICAN TRANSITIONAL HOSPITALS, INC.

Officers:

David R. Banks
T. Jerald Moore
Robert Crosby
Robert W. Pommerville

Bobby W. Stephens
Robert D. Woltil

Schuyler Hollingsworth, Jr.
Scott M. Tabakin
Martin W. Hoover
Jeff Hutton

Carol C. Johansen
Frederic A. Maas
John W. MacKenzie

Steven R. Munroe
James R. Pietrzak

Gregory H. Sassman
Patrick Gandy
Karen Hercules-Doerr
Patricia A. McCollough
Peter Nyland
Sally A. Parnell
Belinda Marcotte
Christine Murray
Holly A. Odom

Chairman of the Board
Vice Chairman of the Board
President and Chief Executive Officer
Executive Vice President, General
Counsel and Secretary
Executive Vice President-Development
Executive Vice President and
Chief Financial Officer
Senior Vice President and Treasurer
Senior Vice President
Vice President and Controller
Vice President - Reimbursement and
Assistant Secretary
Vice President-Human Resources
Vice President - Tax and Assistant Secretary
Vice President, Deputy General Counsel
and Assistant Secretary
Vice President and Chief Financial Officer
Vice President-Property
Management and Development
Vice President - Development
Group Vice President
Group Vice President
Group Vice President
Group Vice President
Group Vice President
Assistant Secretary
Assistant Secretary
Assistant Secretary

Directors:

David R. Banks
Bobby W. Stephens
Robert D. Woltil
Robert W. Pommerville
T. Jerald Moore

Addresses for the above:
5111 Rogers Ave., Suite 40-A
Fort Smith, AR 72919-1000

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

May 22, 1995

Office of the Secretary of State

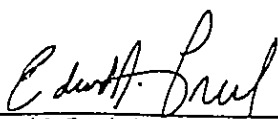
I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AMERICAN TRANSITIONAL HOSPITALS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF SEPTEMBER, A.D. 1995.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA




Edward J. Freel, Secretary of State

2142772 8300

950213401

AUTHENTICATION:

7645455

DATE:

09-19-95



F95000004591

ACCOUNT NO. : 072100000032

REFERENCE : 246140 4350891

AUTHORIZATION : *Patricia Pyzdek*

COST LIMIT : \$ 35.00

ORDER DATE : February 3, 1997

ORDER TIME : 9:07 AM

100002085001--9

ORDER NO. : 246140-010

CUSTOMER NO: 4350891

CUSTOMER: Robert Pommerville, Esq
Beverly Enterprises, Inc.
5111 Rogers Avenue
Ste 40-a
Fort Smith, AR 72919

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97 FEB 24 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CHANGE OF AGENT

NAME: AMERICAN TRANSITIONAL
HOSPITALS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Debbie Skipper

RA Change

02-24-97

DC

Florida Department of State, Jim Smith, Secretary of State

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508,
Florida Statutes, the undersigned corporation organized under the laws of the State of
DELAWARE submits the following statement in order to change its registered office
or registered agent, or both, in the State Florida.

1a. The name of the corporation is: _____
AMERICAN TRANSITIONAL HOSPITALS, INC.

1b. Date of incorporation: 9/21/95 Document number F95000004591

2. The name and address of the current registered agent and office:
C T CORPORATION SYSTEM

1200 SO. PINE ISLAND DRIVE PLANTATION FL 33324

3. The name and address of the new registered agent and office:
(P.O. Box Not Acceptable)

CORPORATION SERVICE COMPANY

1201 Hays Street, Tallahassee, Florida 32301

The street address of its registered agent and the street address of the business office
of its registered agent as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors
or by an officer so authorized by the board.

Holly A. Odom
SIGNATURE

HOLLY A. ODOM
ASST SECRETARY

Typed or printed name and title

2/19/97

DATE

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF
PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED
IN THIS CERTIFICATE, 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 COM-
plete performance of my duties, and I am familiar with and accept
the obligation of my position as registered agent.

CORPORATION SERVICE COMPANY
DEBBIE SKIPPER

SIGNATURE By: Debbie Skipper
ASST VICE PRESIDENT

DATE 1-24-97

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TALLAHASSEE, FLORIDA