

# F9500004703

10 Boy 11211  
Address  
Tallahassee FL  
City/State/Zip Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. ARV Assisted Living, Inc  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in

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☐ Will wait

☐ Photocopy

☐ Certificate of Status

95 SEP 27 AM 11:28

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SECRETARY OF STATE  
CORPORATIONS

*with*

95 SEP 27 AM 11:13

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

**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. ARV Assisted Living, 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. California  
(State or country under the law of which it is incorporated)
3. 33-0160968  
(FEI number, if applicable)
4. 12/19/85  
(Date of Incorporation)
5. Perpetual  
(Duration: Year corp. will cease to exist or "perpetual")
6. Upon Filing of Application  
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. 245 Fischer Avenue, D-1  
Costa Mesa, CA 92626  
(Current mailing address)
8. Real Estate Development and Management  
(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: (P.O. Box or Mail Drop Box NOT acceptable)**  
**Name:** CorpAmerica, Inc.  
**Office Address:** 1525 S. Andrews Ave., Suite 216  
Ft. Lauderdale, Florida, 33316  
(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.*

Rose L. Dittmer, 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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12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

**A. DIRECTORS (Street address only- P. O. Box NOT acceptable)**

Chairman: See Attached

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS (Street address only- P. O. Box NOT acceptable)**

President: See Attached

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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

13. Gary L. Davidson  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Gary L. Davidson, Chairman of the Board  
(Typed or printed name and capacity of person signing application)

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**Addendum to Application by foreign Corporation for Authorization to Transact Business in Florida**

**ARV ASSISTED LIVING, INC.**

**Officers**

Gary L. Davidson, Chairman of the Board, 245 Fischer Ave., D-1, Costa Mesa, CA 92626  
John A. Booty, President, 245 Fischer Ave., D-1, Costa Mesa, CA 92626  
David P. Collins, Sr. Executive Vice President, 245 Fischer Ave., D-1, Costa Mesa, CA 92626  
G. Brian Christie, Exec. VP and General Counsel, 245 Fischer Ave., D-1, Costa Mesa, CA 92626  
Graham Espley-Jones, CFO and Secretary, 245 Fischer Ave., D-1, Costa Mesa, CA 92626  
Richard H. Tourtelot, Exec. VP, 245 Fischer Ave., D-1, Costa Mesa, CA 92626

**Directors**

Gary L. Davidson, 245 Fischer Ave., D-1, Costa Mesa, CA 92626  
John A. Booty, 245 Fischer Ave., D-1, Costa Mesa, CA 92626  
David P. Collins, 245 Fischer Ave., D-1, Costa Mesa, CA 92626

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# State of California

SECRETARY OF STATE

## CERTIFICATE OF STATUS DOMESTIC CORPORATION

I, **BILL JONES**, Secretary of State of the State of California, hereby certify:

That on the 19th day of December, 19 85

ARV ASSISTED LIVING, INC.

became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

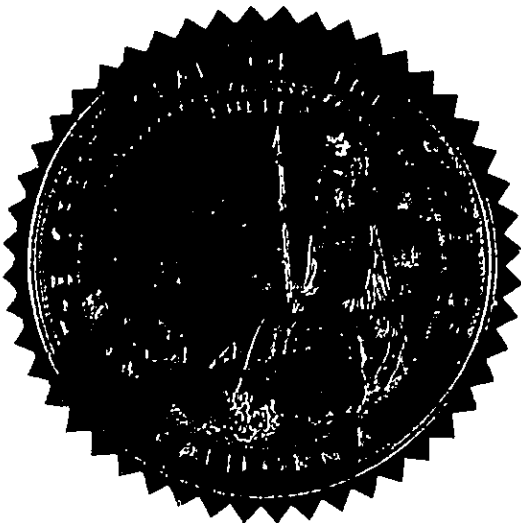
That no record exists in this office of a certificate of dissolution of said corporation nor of a court order declaring dissolution thereof, nor of a merger or consolidation which terminated its existence; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.

IN WITNESS WHEREOF, I execute this  
certificate and affix the Great Seal  
of the State of California this  
13th day of September, 1995



*Bill Jones*  
BILL JONES  
Secretary of State

CONTACT:

**F95 00000 4703**

OFFICE USE ONLY (Document #)

**UCC FILING & SEARCH SERVICES**

(Requestor's Name)

**526 EAST PARK AVENUE SUITE 200**

(Address)

**TALLAHASSEE, FL 32301 (904) 681-6528**

(City, State, Zip)

(Phone #)

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96 JAN 18 PM 4:01  
SECRETARY OF STATE  
TALLAHASSEE, FL

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. ARV Assisted Living Inc  
(Corporation Name) (Document #)

**800001696298**  
-01/24/96--01017--017  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

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☐ Certified Copy

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☐ Photocopy

☐ Certificate of Status

☐ ALL CHARTER DOCS

☐ CERTIFICATE OF GOOD STANDING

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<input type="checkbox"/>	Merger

☐ Certificate of FICTITIOUS NAME

☐ FICTITIOUS NAME SEARCH

☐ CORP SEARCH

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<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

**HOLD FOR  
PICKUP BY  
UCC SERVICES**

N. HENDRICKS JAN 17 1996

Examiner's Initials

STATEMENT OF CHANGE

REGISTERED OFFICE OR REGISTERED AGENT  
CORPORATIONS

Pursuant to the provisions of section  
the undersigned corporation  
submits the following statement in order  
both, in the State of Florida.

7.0502, 607.1508, or 617.1508, Florida Statutes,  
under the laws of the State of California  
change its registered office or registered agent, or

1a. The name of the corporation is: ARV ASSISTED LIVING, INC.

1b. The mailing address of the corporation is: \_\_\_\_\_

1c. Date of incorporation: 9/27/95 Document number: F95000004703

2. The name and address of the current registered agent and office:

CorAmerica, Inc.

1525 S. Andrews Avenue, Suite 216

Fort Lauderdale, FL 33316

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

Nationscorp Registered Agents, Inc.

526 E. Park Avenue

Tallahassee, FL 32301

The street address of its registered office 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.

G. Brian Christie  
(Signature of an officer, chairman or  
vice chairman of the board)

Executive Vice President

(Printed or typed name and title)

12/18/95  
(Date)

Having been named as registered agent and to accept service of process for the above stated  
corporation, 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 obligation of my position as  
registered agent.

Ed Hand  
(Signature of Registered Agent) President

1/18/96  
(Date)

If signing on behalf of an entity:

Ed Hand  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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96 JAN 18 PM 4:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# F95-4703

## STATE OF FLORIDA OFFICE OF THE COMPTROLLER APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section \_\_\_\_\_, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: ARV ASSISTED LIVING, INC. F95-4703 EIN or SS#: 33-0160968

Address: 245 FISCHER AVENUE, D-1

COSTA MESA, CA. 92926

Amount: \$150.00 Date Paid 06/18/96

Reason for claim: OVERPAYMENT OF 1996 ANNUAL REPORT FILING FEES

Certified true and correct this 7<sup>th</sup> day of August, 19 96.

Signature Kenneth A. Clark

\* Must be completed if authority is other than Section 215.26, Florida Statutes.

For Agency Use Only	
Agency recommends approval of above claim and submits the following information to substantiate the claim:	Amount of recommended refund \$ <u>150.00</u>
The amount requested above was originally deposited into the State Treasury as a part of the funds deposited on State Treasurer's Receipt No. <u>01090 003</u> dated <u>06/18/96</u>	
Name of Account <u>45202130001453000000000010000</u>	
Statutory Authority for Collection <u>607.</u>	
It is requested that payment be made from the following account:	
NAME OF ACCOUNT: <u>45202130001453000000022002000</u>	
Certified true and correct this _____ day of _____, 19 _____.	
Department of State, Division of Corporations (Agency) _____ (Authorized Signature and Title)	