

F9500004703

(C Boy 11511

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City/State/Zip

Phone #

Office Use Only

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

1.	<u>ARV Assisted Living, Inc</u> (Corporation Name)	<u>Document #</u>
2.	<u></u> (Corporation Name)	<u>Document #</u>
3.	<u></u> (Corporation Name)	<u>Document #</u> 155-33 -09/27/95 -01057-008 ****122.50 ****122.50
4.	<u></u> (Corporation Name)	<u>Document #</u>

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Certificate of Status

NEW FILINGS

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS

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

FILED
SECRETARY OF STATE
SECURITIES & CORPORATIONS

28:11 2002

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CR2E031(1/95)

Examiner's Initials

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

33316

, Florida,

(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 R. Ritter, 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.

9 SEP 21
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FLORIDA
SECRETARY OF STATE
REGISTRATION

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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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 SEP 27 AM 11:28

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

ARV ASSISTED LIVING, INC.

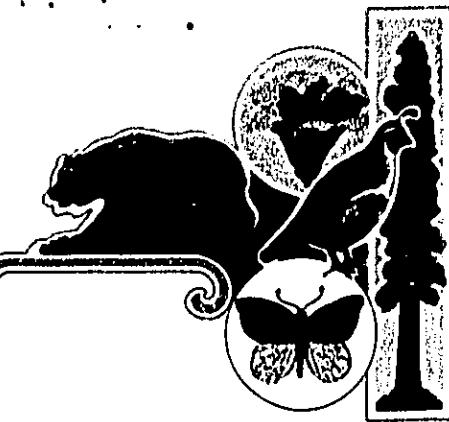
Officers

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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DIVISION OF CORPORATIONS
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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, 1985

ARV ASSISTED LIVING, INC.

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SECRETARY OF STATE
RECORDED
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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

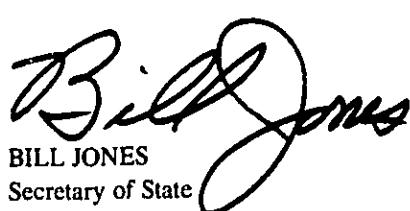
That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

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
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 #)

OFFICE USE ONLY

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

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

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

1. ARV Assisted Living Inc (Document #) 800001696298
-01/24/96--01017--017
*****35.00 *****35.00
2. _____ (Document #)
3. _____ (Document #)
4. _____ (Document #)

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Certificate of Status

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CERTIFICATE OF GOOD STANDING

NEW FILINGS	
Profit	
NonProfit	
Limited Liability	
Domestication	
Other	

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

Certificate of FICTITIOUS NAME
 FICTITIOUS NAME SEARCH
 CORP SEARCHES

OTHER FILINGS	
Annual Report	
Fictitious Name	
Name Reservation	

REGISTRATION/QUALIFICATION	
Foreign	
Limited Partnership	
Reinstatement	
Trademark	
Other	

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N. HENDRICKS JAN 17 1996

Examiner's Initials

Florida Department of State, Sandra B. Martham, Secretary of State

STATEMENT OF CHANGE

REGISTERED OFFICE OR REGISTERED AGENT
CORPORATIONS

Pursuant to the provisions of section 7.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation submits the following statement in accordance with the laws of the State of California to change its registered office or registered agent, or both, in the State of Florida.

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

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:

Corporation America, 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

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TALLAHASSEE, FLORIDA

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.

Ed Hand
(Signature of an officer, chairman or
vice-chairman, or
C. Brian Christie

12/18/95
(Date)

Executive Vice President

(Printed or typed name and title)

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

FILING FEE: \$35.00

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 7th day of August, 19 96.

Signature Kathy Aik

* 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 \$ 150.00

The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on State Treasurer's Receipt No. 01090-003 dated 06/18/96.

Name of Account 45202130001453000000000010000

Statutory Authority for Collection 607.

It is requested that payment be made from the following account:

NAME OF ACCOUNT: 4520213000145300000002202000

Certified true and correct this _____ day of _____, 19 ____.

Department of State, Division of Corporations

(Agency) (Authorized Signature and Title)