# F96000001239

TO: Qualification/Registration Section Division of Corporations

SUBJECT: South Central Nursing Homes, Inc.

(Ivanie in Carperstion)

	The state of the s
Dear Sir or Madam:	100 mass control of the second
The enclosed "Application by Foreign Not for Profit Corporatits Affairs in Florida", "Certificate of Existence", and check are referenced not for profit corporation to conducts its affairs in its	e submitted to register the above
Please return all correspondence concerning this matter to the	following:
T. L. Trimble	900001739949 -03/11/9601069015 
(Name of Person)	11,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1
Adventist Bealth System Bunbelt Bealt	heare Corporation
(Fam/Company)	
111 North Orlando Avenue	41
(Address)	70
winter Park, FL 32789-3675	
(City, State and Zip Code)	
For further information concerning this matter, please call:	647 _ 4400
(Name of Porson) Area Code	& Daytime Telephone Number

#### **COURIER ADDRESS:**

Oualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399

#### **MAILING ADDRESS:**

Qualification/Tax Lien Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

## APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1303, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

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2	(Sinte in country under the law of which		(हिंडी अर्थानीयम् से व्यक्ति	entile)	edition and and	نعابه وليحمان طل
	it is inscriptuated)					
4	June 29, 1993	5	Perpetual	***************	et maneralismo, a	
	(Date of Incorporation)	(Dui poor	ntion Year corp. will sea petual")	ie to exilii i	a <b>n</b>	
6	(Date corporation first wonducted Affairs in Florids:	نعيمونية الك	and a state of the			
	See sections 617 [801, 617.1302, and 817.133, F.S.)					
7	500 Winderley Place, Buite 11	5	and a second contract of the second contract	7 12 - 1 5	4 (46) 1 (4) 6)	
	Maitland, FL 32751			•	y di Maringa Maringa	₹ • • • • •
	(Current mailing address)	بودون و الكام			** 1964	,
					1	,
40	Operate and own nursing homes				f :	
	Name and street address of Florida registered  T. L. Trimble					
	((VERE)				•	
	111 North Orlando Avenue					
	(D)live mids	294)			•	
	Winter Park	Anna	32789-3675	)		
	(City)	, Flor	ida (Zip Code)		•	
	,,					
Ho con rep	Pegistered agent's acceptance:  nving been named as registered agent and to acce  reporation at the place designated in this applicati  ristered agent and agree to act in this capacity. I  all statutes relative to the proper and complete po  th and accept the obligations of my position as re	ion, I Juril ertori	hereby accept the ap- ier agree to comply w nance of my duties, a	pointmen With the p	ii as rovisio	ากร
	Gagistand spinits	erfaint	ure)	منائن خاجری ہیں۔		

delivery of this application to the Department of State, by the Secretary of State or other official having contudy of corporate records in the jurisdiction under the law of which it is Incorporated 13. Names and addresses of officers and/or directors: (Street address only- P. O. Han NOT accentable) A. DINECTONN (Street address only- P. O. Bas NOT acceptable) Henry Carubba Chairman : 307 Park Place Address. Allamente Springs, PL 12701 Tim Hoatson Vice Chairman: ..... Address: 2127 Bouth Terrace Boulevard Longwood, FL 32779 John Bullock Director: ..... 6986 Lake Ola Drive Address: ..... Tangerine, Pl. 32777 Director: Address. B.OFFICERS (Street address only- P. O. Noz NOT acceptable) Henry Carubba President:\_\_\_ 307 Park Place Address. \_\_ Altamonte Springs, PL 32701 Tim Hoatson Vice President: \_ 2127 South Terrace Boulevard Address: ... Longwood, FL 12779 John Bullock Secretary:\_ 6986 Lake Ola Drive Address: \_\_\_ John Bullock Treasurer: 6986 Lake Ola Drive Address: \_\_\_\_ Tangerine, FL 32777 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 13 (Signisture of Chairman, Vice Chairman, or any officer listed in number 12 of the application) Henty Carubba Chairman

(Typed or present name and capacity of porson signing application)

11. Attached is a certificate of existence duly authenticated, not more than 90 days infor to

IN THE NAME AND BY THE AUTHORITY OF THE



### OFFICE OF THE SECRETARY OF STATE

## DOMESTIC CORPORATION CERTIFICATE OF EXISTENCE

		•					Secretary	
	ration duly or							
	te of incorp	-		_				
and whose	period of du	iration is	PER	PETUAL				
•	y KRS Char ehalf of said			O 213 50	I NGS DO	en Gente.	ed is the o	concludy or
1N 1	WITNESS W	HEREO	Filhavei	hereunto s	et my han	d and affi	ked my Offic	ial Seal, at
Frankfort, (	K <del>en</del> tucky, thi	s <u>2</u>	OTH	day of _	rebr	UARY		96

LVE

JOHN T BROWN III Secretary of State

Commonwealth of Kentucky

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