

F96000001461

206 Olive Street
St. Louis, MO 63101
Tel. 314.231.8380
Fax 314.231.6454

March 14, 1996

Secretary of State
Corporate Records Bureau
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

600001753106
-03/21/96--01006--004
*****70.00 *****70.00

Re: **SPECTRA REHAB ALLIANCE, INC.**
(Delaware Domestic) Order #: 10479591

Gentlemen:

As requested by counsel, we enclose for filing Certificate of Authority on behalf of this corporation, together with funds in payment of the required fees.

Evidence of the filing should be returned to this office via regular mail.

If you have any questions or if for any reason the filing cannot be effected promptly, please notify this office of the details by calling our toll-free number 1-800-325-2671.

Very truly yours,

Naomi Green
Naomi L. Green
Customer Specialist

NLG/mjh

Enc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 MAR 21 AM 9:02

W
3/22

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION
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. Spectra Rehab Alliance, 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. 71-0759298
(FEI number, if applicable)
4. July 27, 1994
(Date of Incorporation)
5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qualification
(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, Arkansas 72919-0155
(Current mailing address)
8. See attached purpose clause
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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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 obligation of my position as registered agent.

C T Corporation System


(Registered agent's signature) (Officer)

JONATHAN C. MILES, ASST. SEC.
(Type Name and Title of Officer)

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: See attached list of directors

Address: _____

Vice Chairman: See attached list of directors

Address: _____

Director: See attached list of directors

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: See attached list of officers

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

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96 MAR 21 AM 9:02

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
(Typed or printed name and capacity of person signing application)

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Appendix to Florida
Application by Fgn. Corp. for Authorization to Transact Business in Florida

**Purpose Clause of
Spectra Rehab Alliance, Inc.**

The purpose of the corporation is to provide post-acute care, including, but not limited to, providing rehab management consulting to skilled nursing facilities and hospitals for physical, occupational, speech and respiratory therapies. Notwithstanding the foregoing, the purpose of the corporation is to engage in any lawful act or activity for which corporations may be organized to do business.

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DIVISION OF CORPORATIONS
96 MAR 21 AM 9:02

SPECTRA REHAB ALLIANCE, INC.

OFFICERS AND DIRECTORS

Board of Directors

David R. Banks

Robert W. Pommerville

Boyd W. Hendrickson

Bobby W. Stephens

Mark Wortley

Officers

David R. Banks
Chairman of the Board

Scott M. Tabakin
Senior Vice President and Controller

Boyd W. Hendrickson
Vice Chairman of the Board

Jeff Hutton
Vice President - Reimbursement and Assistant Secretary

Mark Wortley
President and Chief Executive Officer

Frederic A. Maas
Vice President - Tax and Assistant Secretary

Robert W. Pommerville
Executive Vice President, General Counsel and Secretary

John W. MacKenzie
Vice President, Deputy General Counsel and Assistant Secretary

Bobby W. Stephens
Executive Vice President

James R. Pietrzak
Vice President - Property Management & Development

Eugene B. Clarke
Senior Vice President - Quality Management

Belinda Marcotte
Assistant Secretary

Schuyler Hollingsworth, Jr.
Senior Vice President and Treasurer

Christine Murray
Assistant Secretary

Carol C. Johansen
Senior Vice President - Human Resources

Holly A. Odom
Assistant Secretary

*Address for all officers unless otherwise noted:

5111 Rogers Ave., Suite 40-A
Ft. Smith, AR 72919-1000

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 MAR 21 AM 9:02

February 9, 1996

State of Delaware
Office of the Secretary of State

PAGE 1


I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SPECTRA REHAB ALLIANCE, 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-EIGHTH DAY OF FEBRUARY, A.D. 1996.

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.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 MAR 21 AM 9:02




Edward J. Freel, Secretary of State

2421980 8300

960057876

AUTHENTICATION:

DATE:

7845530

02-28-96



F9600000/461

ACCOUNT NO. : 072100000032

REFERENCE : 248877 4350891

AUTHORIZATION :

Patricia Pyrite

COST LIMIT : \$ 35.00

ORDER DATE : February 4, 1997

ORDER TIME : 9:13 AM

ORDER NO. : 248877-020

100002094891--2

CUSTOMER NO: 4350891

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

CHANGE OF AGENT

NAME: SPECTRA REHAB ALLIANCE, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Debbie Skipper

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

Pat
change
2/24/97 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: _____
SPECTRA REHAB ALLIANCE, INC.

1b. Date of Incorporation: 06/07/96 Document number F96000001461

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
2/19/97
DATE

HOLLY A. ODOM
ASST SECRETARY
Typed or printed name and title

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

F960000001461



ACCOUNT NO. : 072100000032

REFERENCE : 457250 4350891

AUTHORIZATION :

COST LIMIT : \$ 35.00

Patricia P. Pitt

ORDER DATE : July 9, 1997

ORDER TIME : 10:38 AM

ORDER NO. : 457250-015

000002238330--1

CUSTOMER NO: 4350891

CUSTOMER: Mona Brannon, Paralegal
Beverly Enterprises, Inc.
5111 Rogers Avenue
Ste 40-a
Fort Smith, AR 72919

FOREIGN FILINGS

NAME: SPECTRA REHAB ALLIANCE, INC.

FILED
97 JUL 15 PM 4:11
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

☒ PROFIT
☐ NON-PROFIT

☒ CORPORATE
☐ LIMITED PARTNERSHIP

XXXX AMENDMENT

W97000016341

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: W. Charles Earnest

7/22
John Name Change
RECEIVED
97 JUL 15 PM 4:26



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

July 15, 1997

CSC
W. CHARLES EARNEST
TALLAHASSEE, FL

RESUBMIT

Please give original
submission date as file date.

SUBJECT: SPECTRA REHAB ALLIANCE, INC.
Ref. Number: F96000001461

We have received your document for SPECTRA REHAB ALLIANCE, INC. and the authorization to debit your account in the amount of \$35.00. However, the document has not been filed and is being returned for the following:

The above named entity was authorized to transact business in Florida on March 21, 1996; please correct number three of the document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6957.

Joy Moon-French
Corporate Specialist

Letter Number: 897A00036207

97 JUL 22 11 51 AM
DIVISION OF CORPORATIONS
RECEIVED

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO
APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

FILED
97 JUL 15 PM 4:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Spectra Rehab Alliance, Inc.
Name of corporation as it appears on the records of the Department of State.
2. Delaware 3. MARCH 21, 1996
Incorporated under laws of Date authorized to do business in Florida

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? June 25, 1997
5. Spectra Healthcare Alliance, Inc.
Name of corporation after the amendment, adding suffix "corporation" "company" or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation.
6. If the amendment changes the period of duration, indicate new period of duration.
n/a
New Duration
7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.
n/a
New Jurisdiction

Holly A. Odom
Signature

July 1, 1997
Date

Holly A. Odom
Typed or printed name

Assistant Secretary
Title

State of Delaware
Office of the Secretary of State

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "SPECTRA REHAB ALLIANCE, INC.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "SPECTRA HEALTHCARE ALLIANCE, INC.", THE TWENTY-FIFTH DAY OF JUNE, A.D. 1997, AT 9 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

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.



2421980 8320

971229830

A handwritten signature in cursive script, reading "Edward J. Freel".

Edward J. Freel, Secretary of State

AUTHENTICATION: 8553352

DATE: 07-11-97