

F 960000003097

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Atlanta, GA 30361
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June 12, 1996

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

100001865441
-06/18/96--01106--004
*****78.75 *****78.75

Re: Lake Forest Health Care Center, Inc. (GA)
Order #: 564183


Gentlemen:

As requested by counsel, we enclose for filing an application for authority on behalf of this corporation, together with funds in payment of the required fees. This document should be filed upon receipt.

Evidence of the filing should be returned to this office.

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: 800-241-8922.

Very truly yours,


Aimee D. Frink
Customer Specialist

/ADF

Enclosure(s)

Special Instructions: Thanks!

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 JUN 17 PM 1:10

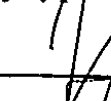
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION
TO TRANSACT BUSINESS IN FLORIDA**

*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. LAKE FOREST HEALTHCARE CENTER, 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. GEORGIA
(State or country under the law of which it is incorporated)
3. 58-2223168
(FEI number, if applicable)
4. 3/19/96
(Date of Incorporation)
5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")
6. 6/1/96
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. 6000 LAKE FORREST DRIVE, SUITE 200
ATLANTA, GEORGIA 30328
(Current mailing address)
8. LEASE/OWN OR OPERATE NURSING HOMES
(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: C.T. CORPORATION SYSTEMS
Office Address: 1200 S. PINE ISLAND ROAD
PLANTATION, Florida, 33324
(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.


(Registered agent's signature)

JENNIFER F AULTMAN
ASSISTANT SECRETARY

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: CHRIS BROGDON

Address: 6000 LAKE FORREST DRIVE, SUITE 200, ATLANTA, GA 30328

Vice Chairman: _____

Address: _____

Director: EDWARD E. LANE

Address: 6000 LAKE FORREST DRIVE, SUITE 200, ATLANTA, GA 30328

Director: DARRELL C. TUCKER

Address: 6000 LAKE FORREST DRIVE, SUITE 200, ATLANTA, GA 30328

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

President: CHRIS BROGDON

Address: 6000 LAKE FORREST DRIVE, SUITE 200, ATLANTA, GA 30328

Vice President: _____

Address: _____

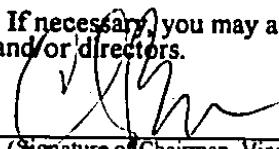
Secretary: PHILIP M. REES

Address: 6000 LAKE FORREST DRIVE, SUITE 200, ATLANTA, GA 30328

Treasurer: DARRELL C. TUCKER

Address: 6000 LAKE FORREST DRIVE, SUITE 200, ATLANTA, GA 30328

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

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

14. CHRIS BROGDON, CHAIRMAN
(Typed or printed name and capacity of person signing application)

Secretary of State
Business Information and Services
Suite 315, West Tower
2 Martin Luther King Jr. Dr.
Atlanta, Georgia 30334-1530

DOCKET NUMBER : 961420047
CONTROL NUMBER : 9610107
DATE INC/AUTH/FILED: 03/19/1996
JURISDICTION : GEORGIA
PRINT DATE : 05/21/1996
FORM NUMBER : 211

KATHY PIFER
6000 LAKE FOREST DRIVE SUITE 200
ATLANTA GA 30328

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CERTIFICATE OF EXISTENCE

I, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

LAKE FOREST HEALTHCARE CENTER, INC.
A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation, or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up, or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Lewis A. Massey
LEWIS A. MASSEY
SECRETARY OF STATE

