

F96000004146

TODD A. STERZOY
Holland and Knight

(Requestor's Name)
315 South Calhoun Street Suite 600
(Address)
Tallahassee, Florida 32302
(City, State, Zip) (Phone #)

OFFICE USE ONLY

RECEIVED
696-16178
800001211398
08/02/96--01030--027
*****78.75 *****78.75

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

1. Integrated Health Services at King David Center Inc
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☒ Certificate of Status

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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

Examiner's Initials

TRANSMITTAL LETTER

TO: QUALIFICATION/REGISTRATION SECTION
DIVISION OF CORPORATIONS

SUBJECT: Integrated Health Services at King David Center, Inc.
(Name of corporation)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Nina M. Zollo
(Name of Person)
Holland & Knight
(Firm/Company)
315 South Calhoun Street, Ste. 600
(Address)
Tallahassee, FL 32301
(City, State and Zip Code)

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Should you need to call someone concerning this matter, please call:

Nina M. Zollo at (904) 224 - 7000
(Name of Person) Area Code & Daytime Telephone Number

COURIER ADDRESS:
Qualification/Registration Sec.
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Qualification/Registration Sec.
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

August 2, 1996

TODD A STERZOY
HOLLAND & KNIGHT

SUBJECT: INTEGRATED HEALTH SERVICES AT KING DAVID CENTER, INC.
Ref. Number: W96000016178

We have received your document for INTEGRATED HEALTH SERVICES AT KING DAVID CENTER, INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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 (904) 487-6094.

Doug Dickinson
Document Specialist

Letter Number: 296A00037024

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**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. Integrated Health Services at King David 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. Delaware
(State or country under the law of which it is incorporated)
3. 52-1955980
(FEI number, if applicable)
4. 1/11/96
(Date of Incorporation)
5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. Expected to transact 19, 1996
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.)
7. 10065 Red Run Boulevard
Owings Mills, Maryland 21117
(Current mailing address)
8. To operate a nursing home and all other corporate activities authorized by Florida law.
(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:**
Name: CT Corporation System
Office Address: 1200 South Pine Island Road
Plantation, FL, 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.

Connie Bryan
CONNIE BRYAN
SPECIAL 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:

A. DIRECTORS

Chairman: See Attached Exhibit "A"

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: See Attached Exhibit "B"

Address: _____

Vice President: _____

Address: _____

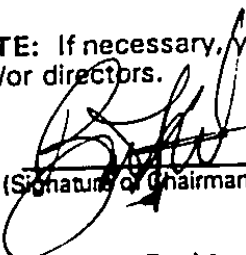
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

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

14. Brian K. Davidson, Senior Vice President Development
(Typed or printed name and capacity of person signing application)

EXHIBIT A

Officers and Directors of Integrated Health Services at King David Center, Inc.

OFFICERS	OFFICE	BUSINESS ADDRESS
Lawrence P. Cirka	President and Chief Operating Officer	10065 Red Run Blvd. Owings Mills, Maryland 21117
W. Bradley Bennett	Senior Vice President	10065 Red Run Blvd. Owings Mills, Maryland 21117
Dennis A. Cahill	Executive Vice President - Chief Accounting Officer	10065 Red Run Blvd. Owings Mills, Maryland 21117
Brian K. Davidson	Executive Vice President - Development	10065 Red Run Blvd. Owings Mills, Maryland 21117
Marshall A. Elkins	Executive Vice President and General Counsel; Secretary	10065 Red Run Blvd. Owings Mills, Maryland 21117
Eleanor C. Harding	Senior Vice President - Finance	10065 Red Run Blvd. Owings Mills, Maryland 21117
Marc B. Levin	Senior Vice President - Investor Relations; Assistant Secretary	10065 Red Run Blvd. Owings Mills, Maryland 21117
Scott W. Robertson	Executive Vice President - Allied Services	10065 Red Run Blvd. Owings Mills, Maryland 21117
Anthony R. Masso	Executive Vice President - Managed Care	10065 Red Run Blvd. Owings Mills, Maryland 21117
Christian C. Winkle	Executive Vice President - Operations	10065 Red Run Blvd. Owings Mills, Maryland 21117
Leslie A. Glew	Assistant Secretary	10065 Red Run Blvd. Owings Mills, Maryland 21117
Michael W. Tan	Assistant Secretary	10065 Red Run Blvd. Owings Mills, Maryland 21117
J. David Gallagher	Assistant Secretary	10065 Red Run Blvd. Owings Mills, Maryland 21117

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EXHIBIT B

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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 "INTEGRATED HEALTH SERVICES AT KING DAVID CENTER, 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 THIRTEENTH DAY OF AUGUST, A.D. 1996.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

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

Edward J. Freel, Secretary of State

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960236383

AUTHENTICATION:

8066435

DATE:

08-13-96