

F96000005373

LAW OFFICES  
**PAINÉ, McELREATH & HYDER**  
A PROFESSIONAL CORPORATION

TRAVENS W. PAINÉ III

301 WHEELER EXECUTIVE CENTER  
3840 WHEELER ROAD  
AUGUSTA, GEORGIA 30600  
TELEPHONE (706) 738-8710  
TELECOPIER (706) 738-8761

July 30, 1996

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

800001973378--3  
-10/15/96--01020--005  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Re: Salem Nursing & Rehab Center of Homestead, Inc.

Dear Sir or Madam:

In reference to the above-stated corporation, enclosed please find the following for filing in your office:

1. Application by Foreign Not for Profit Corporation for Authorization to Transact Business in Florida;
2. Georgia Certificate of Existence; and
3. Check in the amount of \$70.00 for the filing fees.

Upon registration, please issue a letter of acknowledgement for each corporation and forward the same to me at the above address. Thank you for your assistance in this matter.

Kindest regards.

Sincerely,

*Courtney J. Capps*

Courtney J. Capps  
Paralegal

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 OCT 15 AM 11:57

10/16

**TRANSMITTAL LETTER**

**TO:** Qualification/Registration Section  
Division of Corporations

**SUBJECT:** Salem Nursing & Rehab Center of Homestead, Inc.  
(Name of Corporation)

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conducts its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Travers W. Paine III

(Name of Person)

Paine, McElreath & Hyder, P.C.

(Firm/Company)

301 Wheeler Executive Center

(Address)

Augusta, Georgia 30909

(City, State and Zip Code)

For further information concerning this matter, please call:

Travers W. Paine III

(Name of Person)

at ( 706 ) 738-9710 -

Area Code & Daytime Telephone Number

**COURIER ADDRESS:**

Qualification/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 617.1503, 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:**

1. Salem Nursing & Rehab Center of Homestead, Inc.  
(Name of corporation; must include the word "INCORPORATED" or "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. "Company" or "Co." may not be used as a corporate suffix by a nonprofit  
corporation.)
2. Georgia 3. \_\_\_\_\_  
(state or country under the law of which it is incorporated) (FEI number, if applicable)
4. 1/17/96 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or  
"perpetual")
6. 1/17/96  
(Date corporation first conducted Affairs in Florida -  
See sections 617.1501, 617.1502, and 617.155, F.S.)
7. 301 Wheeler Executive Center  
Augusta, Georgia 30909  
(Current mailing address)
8. Operation of a nursing home business.  
(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:**

CT Corporation System  
(Name)  
1200 South Pine Island Road  
(Office address)  
Plantation, Florida, 33324  
(City) (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.

Dale Morris

(Registered agent's signature)  
Dale W. Morris  
Assistant Vice President

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

**A. DIRECTORS (Street address only- P. O. Box NOT acceptable)**

Chairman: " Harry McD. Clark  
Address: 106 Plantation Pointe Shopping Center  
Fairhope, Alabama 36532

Vice Chairman: Wallace D. Nelson  
Address: 20386 County Road 13  
Fairhope, Alabama 36532

Director: Gary Wolfe  
Address: P.O. Box 504 (106 Plantation Pointe Shopping Center)  
Fairhope, Alabama 36532

Director: \_\_\_\_\_  
Address: \_\_\_\_\_

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

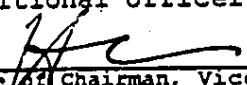
President: Harry McD. Clark  
Address: 106 Plantation Pointe Shopping Center  
Fairhope, Alabama 36532

Vice President: \_\_\_\_\_  
Address: \_\_\_\_\_

Secretary: Wallace D. Nelson  
Address: 20386 County Road 13, Fairhope, Alabama 36532

Treasurer: Gary Wolfe (106 Plantation Pointe Shopping Ctr)  
Address: P.O. Box 504, Fairhope, Alabama 36532

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)  
Harry McD. Clark - President  
(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 : 962760629  
CONTROL NUMBER : 9601930  
DATE INC/AUTH/FILED : 01/17/1996  
JURISDICTION : GEORGIA  
PRINT DATE : 10/02/1996  
FORM NUMBER : 211

PAINE, MCELREATH & HYDER, PC  
ATTN: CORTNAY J. CAPPS  
3540 WHEELER RD/301 WHLR EXEC CTR  
AUGUSTA GA 30909

**CERTIFICATE OF EXISTENCE**

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

**SALEM NURSING & REHAB CENTER OF HOMESTEAD, INC.**  
**A DOMESTIC NONPROFIT 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.

SECRET  
DIVISION OF CORPORATIONS  
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*Lewis A. Massey*  
LEWIS A. MASSEY  
SECRETARY OF STATE