

Document Number Only

F960000006154

CT CORPORATION SYSTEM

660 EAST JEFFERSON STREET

Requestor's Name  
TALLAHASSEE, FL 32301

Address  
222-1092

City State Zip Phone

CORPORATION(S) NAME

200002005912--5  
-11/15/96--01052--020  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

W96-24250

Integrated Living Communities of

St. Petersburg.

SECRETARY OF STATE  
TALLAHASSEE, FL 32301

96 NOV 15 PM 4:15

FILED

7/1/92

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|--|---|---|
| <input type="checkbox"/> Profit                | <input type="checkbox"/> Amendment              | <input type="checkbox"/> Merge                  |
| <input type="checkbox"/> NonProfit             |   |   |
| <input type="checkbox"/> Limited Liability Co. | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark                   |
| <input checked="" type="checkbox"/> Foreign    |   |   |
| <input type="checkbox"/> Limited Partnership   | <input type="checkbox"/> Annual Report          | <input type="checkbox"/> Other                  |
| <input type="checkbox"/> Reinstatement         | <input type="checkbox"/> Reservation            | <input type="checkbox"/> Change of R.A.         |
|  |   | <input type="checkbox"/> Fictitious Name Filing |
| <input type="checkbox"/> Certified Copy        | <input type="checkbox"/> Photo Copies           | <input type="checkbox"/> CUS                    |
| <input type="checkbox"/> Call When Ready       | <input type="checkbox"/> Call if Problem        | <input type="checkbox"/> After 4:30             |
| <input checked="" type="checkbox"/> Walk In    | <input type="checkbox"/> Will Wait              | <input checked="" type="checkbox"/> Pick Up     |
| <input type="checkbox"/> Mail Out              |   |   |

Name Availability
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11/15

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DIVISION OF CORPORATION



**FLORIDA DEPARTMENT OF STATE**  
Sandra B. Mortham  
Secretary of State

November 15, 1996

CT SYSTEM

**SUBJECT: INTEGRATED LIVING COMMUNITIES OF ST. PETERSBURG, INC.**  
Ref. Number: W96000024250

We have received your document for INTEGRATED LIVING COMMUNITIES OF ST. PETERSBURG, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A brief description of the entity's nature of business must be included in the document.

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: 296A00052240

*Please  
backdate*

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. INTEGRATED LIVING COMMUNITIES OF ST. PETERSBURG, 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. Pending  
(FEI number, if applicable)

4. 11/1/91  
(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 617.156, F.S.))

7. 24850 Old 41 Road, Ste. 10, Bonita Springs, Florida 34135  
(Current mailing address)

8. Management and operation of Assisted living facilities  
(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: 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)

PETER F. SOUZA  
ASSISTANT SECRETARY

(Type Name and Title of Officer)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: \_\_\_\_\_  
\_\_\_\_\_

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. \_\_\_\_\_

Geralyn Kidera/Secretary

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

## **Exhibit A**

The following is a list of Officers and Directors for Integrated Living Communities, Inc. and its subsidiaries:

### **Directors:**

Robert Elkins	24850 Old 41 Road, Bonita Springs, FL 34135
Lawrence P. Cirka	24850 Old 41 Road, Bonita Springs, FL 34135
Luis Bared	24850 Old 41 Road, Bonita Springs, FL 34135
Charles Laverty	24850 Old 41 Road, Bonita Springs, FL 34135
Lisa Merritt	24850 Old 41 Road, Bonita Springs, FL 34135
Edward J. Komp	24850 Old 41 Road, Bonita Springs, FL 34135

### **Officers:**

Edward J. Komp	President and Chief Executive Officer
John Poole	Senior Vice President/Chief Financial Officer/Treasurer
Kayda Johnson	Senior Vice President/Chief Operating Officer/Assistant Secretary
Kyle Shatterly	Senior Vice President/Acquisition and Development
Geralyn Kidera	Secretary
Rob Stobo	Assistant Treasurer

### **Address for Officers:**

24850 Old 41 Road, Bonita Springs, FL 34135

State of Delaware  
Office of the Secretary of State

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INTEGRATED LIVING COMMUNITIES OF ST. PETERSBURG, 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 NOVEMBER, A.D. 1996.

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

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



*Edward J. Freel*  
Edward J. Freel, Secretary of State

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960330367

AUTHENTICATION:

DATE:

8189412

11-13-96