F98000002198

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FILINGS, INC. TERESA RO	NAMC		
(Requestor's Nam	ne)		
2805 LITTLE DEAL ROAD			2011/10
(Address) TALLAHASSEE, FLORIDA 32	2308 (904) 385-6735	OFFICE USE ONLY	374/11
(City, State, Zip)) (Phone #)		9 7,
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			SECRETARY SECRETARY SECRETARY SECRETARY OF CO
			390
CORPORATION NAM	IE(s) & DOCUMENT NUM	BER(S) (if known):	3: 31
	+		-
1. <u>Medistar</u>	corporation	(Document #)	
Conporat	aon warro,	,,	
Corporati	ion Name)	(Document #)	4 9286 69
3.		ーU4/20 *****	/9801002005 7 <u>8.75 ***</u> **78.75
(Corporat	ion Name)	(Document #)	
4.		(Document #)	· · · · · · · · · · · · · · · · · · ·
(Corporat	tion Name}		
Walk in P	ick up time	Certified Copy	
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Mail out V	Will wait Photocopy	Certificate of Status	
NEW FILINGS	AMENDMENTS		
Profit	Amendment		
NonProfit	Resignation of R.A., Office	er/Director	88 98
Limited Liability	Change of Registered Ager		- Sub-
Domestication	Dissolution/Withdrawal		
Other	Merger		NOT CORFORATION
	The same in the sa		<u>τ</u> <u>τ</u> <u>τ</u>
OTHER FILINGS	REGISTRATION/ QUALIFICATION		
Annual Report	Foreign	<u>.</u>	F 0
Fictitious Name	Limited Partnership		
Name Reservation	Reinstatement		
	Trademark		
	Other	Examiner'	's Initials
	, ,000		

CR2E031(10/92)

TRANSMITTAL LETTER

_	ification/Tax Lien Section sion of Corporations			
SUBJECT: _	MEDISTAR CORPORATION (Name of corporation - m	ust include suffix)		-
Dear Sir or N	Madam:			
Florida", "Ce	l "Application by Foreign Corporation to ertificate of Existence", and check are so oration to transact business in Florida.	for Authorization to Transact Busines ubmitted to register the above referer	ss in iced	
Please return	all correspondence concerning this ma	tter to the following:		
	Samuel S. Goren, Esquire		98 APR 17	SECR
	(Name of Pe	erson)	<i>⊼</i> 2 :	유 <u>자</u>
	Josias, Goren, Cherof, Doo	ody & Ezrol, P.A.	7 PI	22 22 22 22 22 22
	(Firm/Com	pany)	PM 3: 3	OR A
	3099 East Commercial Boule	yard Suite 200	ယ	TOE TOE
	(Addres			ຍົກ
	Fort Lauderdale, FL 33308			
	(City/State	Zip)		
	1			
-	need to call someone concerning this ma	- (05/) 771 /500		
	el S. Goren, Esquire e of Person)	(Area Code & Daytime Telephon	e Nun	nber)
COURIER	ADDRESS:	MAILING ADDRESS:		
		Qualification/Tax Lien Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314		

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.	MEDISTAR CORPORATION 88 VISE
••	(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.	Texas (State or country under the law of which it is incorporated) 3. 76-0414864 (FEI number, if applicable)
4.	October 14, 1993 (Date of Incorporation) 5. perpetual (Duration: Year corp. will cease to exist or
6. 7.	"perpetual") Transaction to purchase property in upon obtaining Certificate of Authority - Florida and build an assisted living (Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.) facility will occur on April 22, 1998. 7670 Woodway Drive, Suite 160
	Houston, TX 77063-1592
	(Current mailing address)
8.	transaction of any and all lawful business or activity for which corporations may be incorporated (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: Samuel S. Goren, Esquire
	Josias, Goren, Cherof, Doody & Ezrol, P.A. Office Address: 3099 East Commercial Boulevard, Suite 200
	Fort Lauderdale , Florida , 33308
10	. Registered agent's acceptance: (Zip Code)
co rez all an	rying been named as registered agent and to accept service of process for the above stated rporation at the place designated in this application, I hereby accept the appointment as gistered agent and agree to act in this capacity. I further agree to comply with the provisions of statutes relative to the proper and complete performance of my duties, and I am familiar with d accept the obligations of my position as registered agent. (Registered agents signature) 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.

 Names and addresses of officers and/or directors: (Street address ONLY NOT acceptable) 	'- P. O. Box
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Address:	
Vice Chairman:	
	· · · · · · · · · · · · · · · · · · ·
Director:	Gary Perryman
Address:	7670 Woodway Drive, Suite 160
	Houston, TX 77063
Director:	-
Address:	
B. OFFICERS	(Street address only- P. O. Box NOT acceptable)
President:	Gary Perryman
Address:	7670 Woodway Drive, Suite 160
	Houston, TX 77063
Vice President:	Mark J. Mohr
Address:	7670 Woodway Drive, Suite 160
	Houston, TX 77063
	Gary Perryman
Secretary:	
	7670 Woodway Drive, Suite 160
	7670 Woodway Drive, Suite 160 Houston, TX 77063
Address:	
Address:	Houston, TX 77063



The State of Texas

SECRETARY OF STATE

IT IS HEREBY CERTIFIED that Articles of Incorporation of

MEDISTAR CORPORATION File No. 1287961-00 98 APR 17 PM 3: 31

TARY OF STATE

were filed in this office and a certificate of incorporation was issued to this corporation, and no certificate of dissolution is in effect and the corporation is currently in existence.



IN TESTIMONY WHEREOF, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in the City of Austin, on March 12, 1998.

Alberto R. Gonzales Secretary of State PH