

F98000004511



ACCOUNT NO. : 072100000032

REFERENCE : 911597 5025229

AUTHORIZATION :

COST LIMIT :

Patricia Pujat
\$ 70.00

ORDER DATE : July 30, 1998

ORDER TIME : 12:05 PM

ORDER NO. : 911597-005

CUSTOMER NO: 5025229

CUSTOMER: Pamela J. Privett, Esq
Ltc Properties, Inc.
300 Esplanade Drive
Ste. 1865
Oxnard, CA 93030

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FOREIGN FILINGS

NAME: WESTERN HEALTHCARE FUNDING,
INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

W98-117790

8/1/98

RECEIVED
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

RECEIVED

AUG -7 PM 2:35
DIVISION OF CORPORATION

August 5, 1998

CSC

TALLAHASSEE, FL

SUBJECT: WESTERN HEALTHCARE FINANCE, INC.
Ref. Number: W98000017790

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document(s) in this office, however, a copy of the document is being returned for the following:

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

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 (850) 487-6094.

Agnes Lunt
Document Specialist

Letter Number: 198A00040973

RESUBMIT

Please give original
submission date as file date.

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACTION BUSINESS IN FLORIDA

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE
STATE OF FLORIDA:**

1. WESTERN HEALTHCARE Funding, 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. Nevada
(State or country under the law of which it is incorporated)
3. 71-0720518
(FEI number, if applicable)
4. 3-20-98
(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 817.155, F.S.))
7. 300 Esplanade Drive, Suite 1865, Oxnard, CA 93030

(Current mailing address)

8. The purpose for which the corporation is organized, which shall include the authority of the corporation to engage in any lawful business for which corporations may be organized under the Florida Business Corporation Act.

(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 acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida,

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 TALLAHASSEE, FLORIDA

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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.

Corporation Service Company

By: K. A. Wall

(Registered agent's signature)

Test. Sec.

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: SEE ATTACHED.

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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

President: SEE ATTACHED.

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. Pamela J. Privett

Senior V.P. and General Counsel

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

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WESTERN HEALTHCARE FINANCE, INC.
List of Officers and Directors

Officers

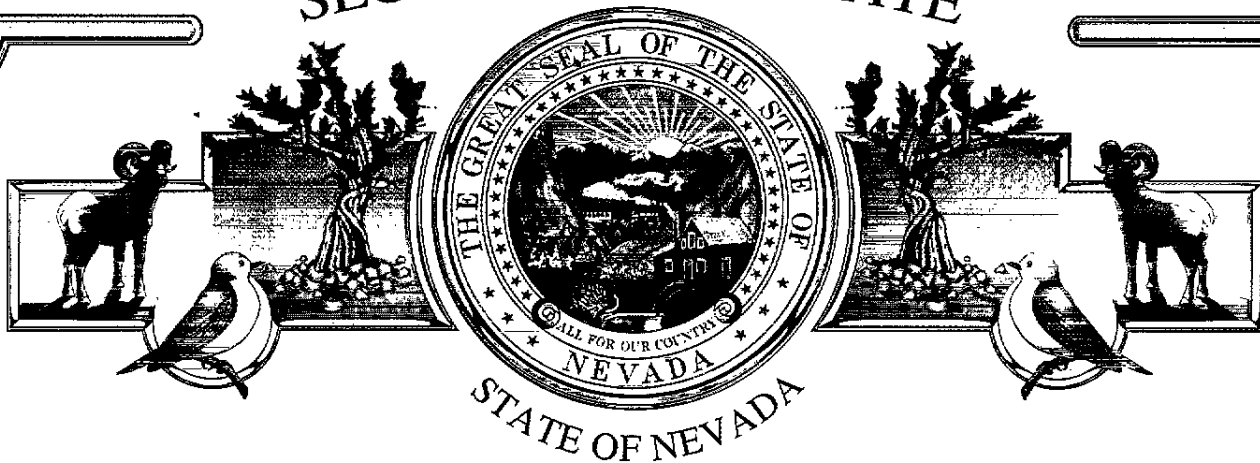
Andre C. Dimitriadis	Chairman of the Board/CEO	300 Esplanade Drive Suite 1865 Oxnard, CA 93030
James J. Pieczynski	President/CFO/ Treasurer	300 Esplanade Drive Suite 1865 Oxnard, CA 93030
Pamela J. Privett	Senior Vice President/ Secretary/General Counsel	300 Esplanade Drive Suite 1865 Oxnard, CA 93030
Christopher T. Ishikawa	Senior Vice President/CIO/ Assistant Secretary	300 Esplanade Drive Suite 1865 Oxnard, CA 93030
Raad K. Shawaf	Assistant Secretary	300 Esplanade Drive Suite 1865 Oxnard, CA 93030

DIRECTORS

Andre C. Dimitriadis	300 Esplanade Drive, Suite 1865 Oxnard, CA 93030
James J. Pieczynski	300 Esplanade Drive, Suite 1865 Oxnard, CA 93030
Christopher T. Ishikawa	300 Esplanade Drive, Suite 1865 Oxnard, CA 93030
Pamela J. Privett	300 Esplanade Drive, Suite 1865 Oxnard, CA 93030
Nicholas M. Pace	1700 Main Street Santa Monica, CA 90407-2138

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TALLAHASSEE, FLORIDA

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, limited-liability companies, limited partnerships, and limited-liability partnerships pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **WESTERN HEALTHCARE FUNDING, INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since March 20, 1998, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand
and affixed the Great Seal of State, at my office, in
Carson City, Nevada, on August 3, 1998.



Dean Heller
Secretary of State
By *Eric Driscoll*
Certification Clerk

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TALLAHASSEE, FLORIDA