# 498000000460/

C T CORPORATION SYSTEM

660 East Jefferson Street

Requestor's Name

Address Tallanassee, Florid	da 32301			e part
City O	Zip Phone	601	00026140 -08/12/9801	<u> </u>
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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.	NewCare Oak Park-Clearmont, 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.)
	or partitionally in not do contained in the hame at present.
	Georgia 3. Applied for
	(State or country under the law of which it is incorporated) (FEI number, if applicable)
4.	August 4, 1998 5. Perpetual  (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
	(Duration, Teal Colp. will cease to exist of perpetual)
6.	Upon qualfication
	(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.156, F.S.))
~	
7.	6000 Lake Forrest Drive Suite 200, Atlanta, Georgia 30328
	(Current mailing address)
8.	Owner/Operator of Nursing, Assisted Living and Retirement Facilities and any other lawful business
	(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: Island Road  C/O C T Corporation System, 1200 South Pine
	Plantation , Florida, 33324
	Registered agent acceptance:
Ha	ving been named as registered agent and to accept service of process for the above stated corporation at the place

(Registered agent's signature) (Officer

T Corporation System

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,

Mary R. Adams, Assistant Secretary

and I am familiar with and accept the obligation of my position as registered agent.

(FL - 2189 - 11/16/94)

(Type Name and Title of Officer)

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: Chris Brogdon	
	Address: 6000 Lake Forrest Drive Suite 200	
	Atlanta, Georgia 30328	
	Vice Chairman: Darrell C. Tucker	<u>_</u>
	Address: 6000 Lake Forrest Drive Suite 200	
	Atlanta, Georgia 30328	<u> </u>
	Director:	<del>.</del> .
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	Director:	ASS 2
	Address:	
		— STAT
В.	OFFICERS	DE 6
	President: Darrell C. Tucker	
	Address: 6000 Lake Forrest Drive Suite 200	
	Atlanta, Georgia 30328	<u> </u>
	Vice President:	
	Address:	
		<del></del> ,
	Secretary: Philip M. Rees	<del></del>
	Address: 6000 Lake Forrest Drive Suite 200	
	Atlanta Georgia 30328	

· reasurer:	
Address: _	
NOTE: If necessary, you and/or directors.	u may attach an addendum to the application listing additional officers
13. (Signature of Chairma application)	an, Vice Chairman, or any officer listed in number 12 of the
14. Darrell C. Tucker, (Typed or printed name	President ne and capacity of person signing application)

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SECRETASSEE FLORIDA

## **Secretary of State**

Corporations Division Suite 315, West Tower 2 Martin Luther King Jr. Dr. Atlanta, Georgia 30334-1530 DOCKET NUMBER : 982160457
CONTROL NUMBER : 9828937
DATE INC/AUTH/FILED: 08/04/1998
JURISDICTION : GEORGIA
PRINT DATE : 08/04/1998

FORM NUMBER : 211

CT CORPORATION SYSTEM JOHN HARRIS 1201 PEACHTREE ST, NE ATLANTA, GA 30361

#### CERTIFICATE OF EXISTENCE

SECRELASSEE FLORIDA

I, Lewis A. Massey, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

### NEWCARE OAK PARK-CLERMONT, INC. A DOMESTIC PROFIT 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 abovenamed 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.



Lewis a. Massey

Lewis A. Massey Secretary of State