

F98000006583

Document Number Only

CT CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301 222-1092

City

State

Zip

Phone

CORPORATION(S) NAME

200002701662--3

-12/03/98--01044--023

*****70.00 *****70.00

Chamber Health Care Society, INC.

- ☒ Profit
☐ NonProfit
☐ Limited Liability Co.
☒ Foreign
☐ Limited Partnership
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JEFFREY D. BUTTERFIELD

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. Chamber Health Care Society, 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. Wisconsin

(State or country under the law of which it is incorporated)

3. 39-6068630

(FEI number, if applicable)

4. December 11, 1958

(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 817.156, F.S.))

7. 6000 Lake Forrest Drive #200, Atlanta, Georgia 30328

(Current mailing address)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

8. Owner/Operator of Nursing and Retirement 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

Mary R. Adams

(Registered agent's signature) (Officer)

MARY R. ADAMS
ASSISTANT SECRETARY

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: Edward E. Lane

Address: 6000 Lake Forrest Drive #200
Atlanta, Georgia 30328

Vice Chairman: _____

Address: _____

Director: Kathy Pifer

Address: 6000 Lake Forrest Drive #200
Atlanta, Georgia 30328

Director: Joe Collins

Address: 6000 Lake Forrest Drive #200
Atlanta, Georgia 30328

B. OFFICERS

President: Edward E. Lane

Address: 6000 Lake Forrest Drive #200
Atlanta, Georgia 30328

Vice President: _____

Address: _____

Secretary: Chris Brogdon

Address: 6000 Lake Forrest Drive #200
Atlanta, Georgia 30328

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TALLAHASSEE FLORIDA

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Edward E. Lane
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Edward E. Lane, President
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

United States of America

State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Present Shall Come, Greeting:

I, RICHARD L. DEAN, Secretary, Department of Financial Institutions, do hereby certify that

CHAMBER HEALTH CARE SOCIETY, INCORPORATED


is a domestic corporation organized under the laws of this state and that its date of incorporation is December 11, 1958.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

I further certify that said corporation has, during its most recently completed report year, filed with this department an annual report required by sec. 180.1622, 180.1921, or 181.651 of the Wisconsin Statutes, and that it has not filed articles of dissolution.

IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
the official seal of the Department
on December 1, 1998




Richard L. Dean, Secretary
Department of Financial Institutions

BY: *Rohit Kaur*

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.