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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CT Corporation System

Requestor's Name
660 East Jefferson Street

Address
Tallahassee, FL 32310 222-1092

City State Zip Phone

CORPORATION(S) NAME

Complete Care Services of Florida, Inc

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | | |
| <input checked="" type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Name Registration | <input type="checkbox"/> Change of R.A. |
| <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC-1 Financing Statement | <input type="checkbox"/> UCC-3 Filing |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input checked="" type="checkbox"/> Call if Problem | <input type="checkbox"/> After 4:30 |
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

CONSENT TO USE OF NAME

Complete Care Services, L.P., a non-Florida limited partnership organized under the laws of the Commonwealth of Pennsylvania, having an effective registered name, hereby consents to the qualification of Complete Care Services of Florida, Inc. in the State of Florida.

IN WITNESS WHEREOF, the said Complete Care Services, L.P. has caused this consent to be executed by Complete Care Services, Inc., formerly known as Arizona Partners, Inc. its general partner and attested under its corporate seal by the Assistant Secretary, this April, 1999.

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STATE
SECRETARY
TALLAHASSEE
FLORIDA

Complete Care Services, L.P.,

By: Its general partner
Complete Care Services,
Inc., formerly known as Arizona Partners, Inc.

John P. Durham
By: John P. Durham
Vice President

Attest:

David B. Ermine
David B. Ermine, Assistant Secretary

**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. Complete Care Services of Florida, 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. Pennsylvania
(State or country under the law of which it is incorporated)
3. 23-2983526
(FEI number, if applicable)
4. November 23, 1998
(Date of Incorporation)
5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. Date of filing this application
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. 120 Gibraltar Road, 3rd Floor, Horsham PA 19044
(Current mailing address)

8. Management of long-term and personal care facilities and continuing care retirement centers
(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: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida, 33324
(Zip Code)

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.

Connie Bryan, Connie Bryan, Sec. Asst. Secy.
(Registered agent's signature)

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 Exhibit "A" attached.

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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

President: See Exhibit "A" 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. David B. Ermine
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. David B. Ermine, Assistant Secretary
(Typed or printed name and capacity of person signing application)

COMPLETE CARE SERVICES OF FLORIDA, INC.

OFFICERS

<u>Office</u>	<u>Name</u>
President and Chief Executive Officer	Peter J. Licari 120 Gibraltar Rd., 3 rd Fl. Horsham, PA 19044
Executive Vice President/Operations and Treasurer	Michael D. D'Arcangelo 120 Gibraltar Rd., 3 rd Fl. Horsham, PA 19044
Executive Vice President/Long Term Care Operations	Wallace Cannon 120 Gibraltar Rd., 3 rd Fl. Horsham, PA 19044
Assistant Vice President of Finance	Robert V. Sorensen 120 Gibraltar Rd., 3 rd Fl. Horsham, PA 19044
<i>Vice President/</i> Secretary/General Counsel	John P. Durham 120 Gibraltar Rd., 3 rd Fl. Horsham, PA 19044
Assistant Secretary/Associate General Counsel	David B. Ermine 120 Gibraltar Rd., 3 rd Fl. Horsham, PA 19044
Divisional Vice President	<i>Kenneth Morgan</i> 120 Gibraltar Rd., 3 rd Fl. Horsham, PA 19044

DIRECTORS

Peter J. Licari 120 Gibraltar Rd., 3 rd Fl. Horsham, PA 19044	John P. Durham 120 Gibraltar Rd., 3 rd Fl. Horsham, PA 19044
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

APRIL 02, 1999

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

COMPLETE CARE SERVICES OF FLORIDA, INC.

is duly incorporated under the laws of the Commonwealth of Pennsylvania
and remains a subsisting corporation so far as the records of this office
show, as of the date herein.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and caused
the Seal of the Secretary's
Office to be affixed, the day
and year above written.

Kim Duggan

ACTING

Secretary of the Commonwealth

DPOS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA