

Mary/K  
F99000002269

ACCOUNT NUMBER: FCA000000005

REFERENCE: 3103859  
(Sub Account)

DATE: 1-31

REQUESTOR NAME: LEXIS

ADDRESS: 3953 W.W. Kelley Rd  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Name Change Amend*

TELEPHONE: ( ) ( - ) ext ( )

CONTACT NAME: \_\_\_\_\_

CORPORATION NAME: LTC Healthcare of Florida, Inc.

DOCUMENT NUMBER: \_\_\_\_\_  
(if applicable)

AUTHORIZATION: C. Woodyard

FILED  
JAN 31 PM 12:57  
STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
JAN 31 PM 1:04  
STATE  
REGISTRARS  
DIVISION  
TALLAHASSEE, FLORIDA

CERTIFIED COPY (1-9)  
CERTIFICATE OF STATUS (1-9)  
PLAIN STAMPED COPY

400003115824--5

- Call When Ready
- Call if Problem
- After 4:30
- Walk In
- Will Wait
- Pick Up
- Mail Out

*APR 21 100*

805:981 3616:# 2

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO**  
**APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**  
(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

**FILED**  
**00 JAN 31 PM 12:57**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

1. LTC HEALTHCARE OF FLORIDA, INC.  
Name of corporation as it appears on the records of the Department of State.
2. Nevada Incorporated under laws of
3. May 3, 1999 Date authorized to do business in Florida

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? January 26, 2000

5. Centers for Long Term Care of Florida, Inc.  
Name of corporation after the amendment, adding suffix "corporation" "company" or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation.

6. If the amendment changes the period of duration, indicate new period of duration.

N/a  
New Duration

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

N/A  
New Jurisdiction

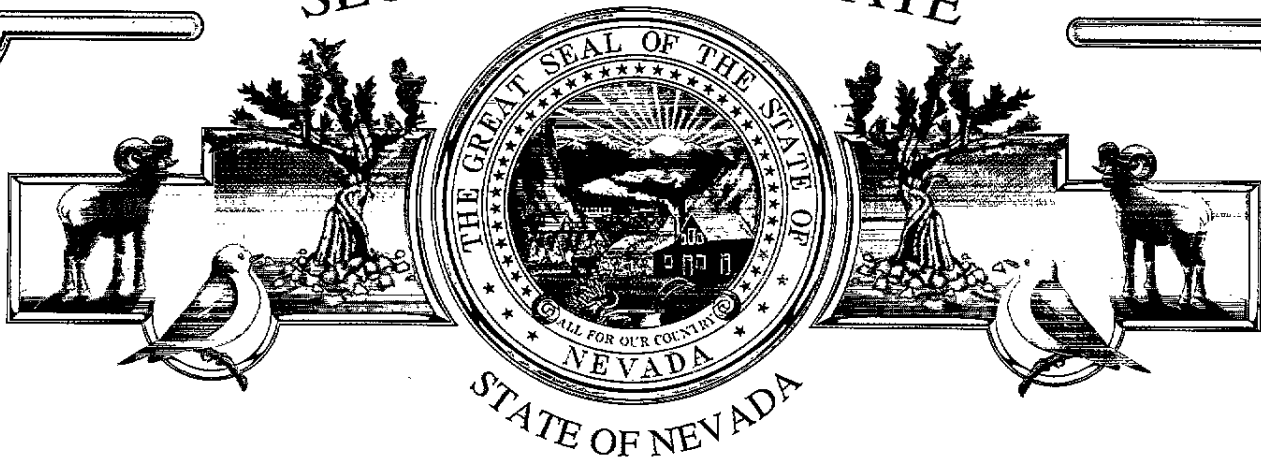
*Julia Kopta*  
Signature

January 26, 2000  
Date

Julia Kopta, Esq.  
Typed or printed name

Secretary  
Title

# SECRETARY OF STATE



## CERTIFICATE OF NAME CHANGE

I, DEAN HELLER, the duly qualified and elected Nevada Secretary of State, do hereby certify that on January 26, 2000 a Certificate of Amendment to its Articles of Incorporation changing the name to **CENTERS FOR LONG TERM CARE OF FLORIDA, INC.** was filed in this office by **LTC HEALTHCARE OF FLORIDA, INC.** Said change of name has been made in accordance with the laws of the State of Nevada and that said Certificate of Amendment is now on file and of record in this office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, on January 26, 2000.



*Dean Heller*

Secretary of State

By

*[Signature]*

Certification Clerk