-99000002466



ACCOUNT NO. : 072100000032

REFERENCE : 236318 4329589

AUTHORIZATION

COST LIMIT

ORDER DATE: May 11, 1999

ORDER TIME : 4:08 PM

ORDER NO. : 236318-005

CUSTOMER NO: 4329589

CUSTOMER: Ms. Rosemarie S. Johnson

Meditrust 197 First Ave

Needham, MA 02492

800002873648--8

FOREIGN FILINGS

NAME:

PARAMOUNT MANAGEMENT SERVICES.

INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY

PLAIN STAMPED COPY

_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Tamara Odom

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. (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.) 4. |2 | 29 | 98 | 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.) ropert Management
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT-acceptable) Name: The Prentice-Hall Corporation System, Inc.

Office Address: 1201 Hays Street

Tallahassee , Florida, 32301
(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. Lathun Jean Lettane, Let Vice Resistered 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. Name	s and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)
A. DIREC	CTORS (Street address only - P.O. Box NOT acceptable)
Chairman:	
Address:	
_	
Vice Chair	man:
Address:	
_	
Director:	David F. Benson
	197 First Avenue, Suite 300
_	Needham Heights, MA 02494
Address:	
B. OFFI	CERS (Street address only - P.O. Box NOT acceptable)
President:	Hank Yunes
Address:	3801 PGA Boulevard
_	Palm Beach Gardens, FL 33410 For g
Vice Presi	lent:
Address: _	တ <u>ိုင်း</u> ယ ြိုင်း
_	
Secretary:	Michael S. Benjamin
	197 First Avenue, Suite 300
_	Needham Heights, MA 02494
Treasurer:	Michael F. Bushee
	197 First Avenue, Suite 300
	Needham Heights, MA 02494
NOTE. Y	
	f 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	Michael S. Benjamin, Secretary
	(Typed or printed name and capacity of person signing application)

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State of Delaware Office of the Secretary of State

I. EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY *PARAMOUNT MANAGEMENT SERVICES.

INC. * IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO EAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF MAY, TA.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THEFFRANCHISE TAXES HAVE BEEN PAID TO DATE.

99 MAY 13 PM 2:56
SECREDIAL OF STATE
TALLAHASSE FEISTATE



Edward J. Freel, Secretary of State

AUTHENTICATION:

9737319

991186818

8300

2986127

DATE:

05-11-99