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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C T CORPORATION SYSTEM

660 East Jefferson Street

Requestor's Name

Tallahassee, Florida 32301

Address

(850) 222-1092

City

State

Zip

Phone

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CORPORATION(S) NAME

Northport Health Services, Inc.

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|--|---|---|
| <input checked="" type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | | |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input checked="" type="checkbox"/> Foreign | | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Fict. Filing | <input type="checkbox"/> Change of R.A. |
| <input type="checkbox"/> Limited Liability Partnership | | <input type="checkbox"/> UCC-1 UCC-3 |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photo Copies | <input checked="" type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call if Problem | <input type="checkbox"/> After 4:30 |
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Thanks, Melanie

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Northport Health Services of Florida, L.L.C.

931 Fairfax Park
Tuscaloosa, Alabama 35406
Phone (205) 391-3600
Fax (205) 391-3606 or 391-3607

May 19, 1999

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32379

Re: Northport Health Services, Inc.

Dear Sir or Madam:

On behalf of Northport Health Services of Florida, L.L.C., please allow this letter to serve as consent to the qualification of the above referenced company in Florida. For your information, Northport Health Services, Inc., serves as Manager of Northport Health Services of Florida, L.L.C.

If you have any questions regarding the enclosed, please do not hesitate to call our attorney, Ed Christian, at (205) 458-5155.

NORTHPORT HEALTH SERVICES
OF FLORIDA, L.L.C.

By: Northport Health Services, Inc.
Its: Manager

By: 
Keith Benton, Vice President

**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. Northport Health Services, 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. Alabama
(State or country under the law of which it is incorporated)
3. 63-0942693
(FEI number, if applicable)
4. 11-30-1981
(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 817.155, F.S.)
7. 931 Fairfax Park
Tuscaloosa, AL 35406
(Current mailing address)
8. Manage and operate skilled nursing care facilities
(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: CT 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
(Registered agent's signature)
Connie Bryan, Special Asst. 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: (Street address ONLY - P.O. Box **NOT** acceptable)

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A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____
_____Director: J. Norman Estes _____Address: 931 Fairfax Park _____Tuscaloosa, AL 35406-2805 _____

Director: _____

Address: _____
_____**B. OFFICERS (Street address only - P.O. Box NOT acceptable)**President: J. Norman Estes _____Address: 931 Fairfax Park _____Tuscaloosa, AL 35406-2805 _____Vice President: Keith Benton _____Address: 931 Fairfax Park _____Tuscaloosa, AL 35406-2805 _____Secretary: Keith Benton _____Address: 931 Fairfax Park _____Tuscaloosa, AL 35406-2805 _____Treasurer: J. Norman Estes _____Address: 931 Fairfax Park _____Tuscaloosa, AL 35406-2805 _____**NOTE:** If 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)
Keith Benton, Vice President/Secretary14. _____
(Typed or printed name and capacity of person signing application)FILED
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TALLAHASSEE FLORIDA

STATE OF ALABAMA

I, Jim Bennett, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the domestic corporation records on file in this office disclose that Northport Health Services, Inc. incorporated in Jefferson County, Birmingham, Alabama on November 30, 1981. I further certify that the records do not disclose that said Northport Health Services, Inc. has been dissolved.

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TALLAHASSEE, FLORIDA



In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.

May 27, 1999

Date

Jim Bennett

Jim Bennett

Secretary of State