

F99000004867

ACCOUNT NUMBER: FCA0000000005

REFERENCE:
(Sub Account) _____

DATE: 9-22

REQUESTOR NAME: LEXIS

ADDRESS: _____

TELEPHONE: (____) (____) ext (____)

CONTACT NAME: _____

CORPORATION NAME: Alpine Health Rehabilitation
Center, Inc.

DOCUMENT NUMBER:
(if applicable) _____

AUTHORIZATION: C. Woodyard

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

☒ Call When Ready
☐ Walk In
☐ Mail Out

☐ Call If Problem
☐ Will Wait

☐ After 4:00
☐ Pick Up

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

99 SEP 22 PM 12:40

RECEIVED

500002993945--6

11/24/22/99

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
99 SEP 22 PM 1:21

1. Alpine Health + Rehabilitation Center, 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. Delaware

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

3. Applied for

(FEI number, if applicable)

4. 9/21/99

(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. 111 West Michigan Street, Milwaukee, WI 53203

(Current mailing address)

8. To engage in any lawful act or activities for which corporations may be organized under
(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) The General Corporation Law of Delaware
Name: Lexis Document Services Inc.

Office Address: 3953 WW Kelley Road
Tallahassee, Florida, 32311
(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.

C. Woodyard, as agent
(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: Please see attached.

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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

President: Please see 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. 

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Timothy J. Murphy, Assistant Secretary

(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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OFFICER & DIRECTORS

OFFICERS

Joy D. Calkin	Chair
John G. McLaughlin	President and Chief Operating Officer
Richard L. Bertrand	Senior Vice President - Planning & Development
Melvin A. Rhineland	Secretary
Ronald P. Knox	Senior Vice President - Operations
Roch Carter	Vice President, General Counsel & Assistant Secretary
Mark W. Durishan	Vice President, Chief Financial Officer & Treasurer
Elizabeth H. Hoffman	Vice President - Clinical Services & Chief Clinical Officer
Walter A. Levonowich	Vice President
Stephen F. Dineley	Vice President
L. William Wagner	Vice President
Timothy J. Murphy	Assistant Secretary

DIRECTORS

Joy D. Calkin
Mark W. Durishan
Melvin A. Rhineland

ADDRESS FOR ALL OFFICERS & DIRECTORS

111 West Michigan Street
Milwaukee, WI 53203

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALPINE HEALTH & REHABILITATION CENTER, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF SEPTEMBER, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALPINE HEALTH & REHABILITATION CENTER, INC." WAS INCORPORATED ON THE TWENTY-FIRST DAY OF SEPTEMBER, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 SEP 22 PM 1:21



Edward J. Freel
Edward J. Freel, Secretary of State

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9981932
AUTHENTICATION: 09-21-99

DATE: