

**F99000004882**

ACCOUNT FILING COVER SHEET

ACCOUNT NUMBER: 1-000000000

REFERENCE:  
(Sub Account)

DATE: 9-22

REQUESTOR NAME: LEXIS

ADDRESS:

TELEPHONE: ( ) ( ) ext ( )

CONTACT NAME:

CORPORATION NAME: Winter Haven Health & Rehabilitation Center, Inc.

DOCUMENT NUMBER:  
(if applicable) 800002993938-8

AUTHORIZATION:

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

- ☒ Call When Ready
- ☐ Walk In
- ☐ Mail Out

- ☐ Call if Problem
- ☐ Will Wait

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

99 SEP 22 PM 12:41

RECEIVED  
After 4:00 PM  
Pick Up

*Br 9/22/99*

FILED STATE'S  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
99 SEP 22 PM 2:27

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.

1. Winter Haven 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 agt.  
(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)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
89 SEP 22 PM 2:27

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

Chairman: Please see attached.

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 SEP 22 PM 2:27

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. Timothy J. Murphy  
(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)

## **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

wp61c:o&d1.doc:lmf:9/21/99

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 SEP 22 PM 2:27

State of Delaware  
Office of the Secretary of State

FILED STATE  
SECRETARY OF CORPORATIONS  
PAGE 1  
99 SEP 22 PM 2:27

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WINTERHAVEN 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 "WINTERHAVEN 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.



3099564 8300

991395134

  
Edward J. Freel, Secretary of State 1965

AUTHENTICATION: 09-21-99

DATE: