

F99000004938

ACCOUNT-ENDING COVER SHEET

ACCOUNT NUMBER: 1000000005

REFERENCE: 3102996-5
(Sub Account)

DATE: 9-24

REQUESTOR NAME: LEXIS

ADDRESS:

TELEPHONE: () () ext ()

CONTACT NAME: _____

CORPORATION NAME: LTC Healthcare of New Port Richey, FL

DOCUMENT NUMBER: _____
(if applicable)

AUTHORIZATION: C. Woodyard

- ☒ CERTIFIED COPY (1-2)
- ☐ CERTIFICATE OF STATUS (1-2)
- ☐ PLAIN STAMPED COPY

100002996281--7

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

- ☐ Call If Problem
- ☐ Will Wait

DATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

99 SEP 24 AM 11:39

RECEIVED
After 4:00 PM
Pick Up

3K4/24/99

**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:**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
SEP 24 PM 1:48

1. LTC HEALTHCARE OF NEW PORT RICHEY, 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. NEVADA 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 9-16-99 5. PERPETUAL
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. UPON FILING
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. 300 ESPLANADE DRIVE, SUITE 1860
OXNARD, CA 93030
(Current mailing address)

8. TO OWN, MANAGE, OPERATE & DISPOSE OF INTERESTS IN HEALTHCARE FACILITIES.
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. **Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)**

Name: LEXIS DOCUMENTS SERVICES

Office Address: 3953 W.W. 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)

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

Chairman: SEE ATTACHED.

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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

President: 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. Raad Shawax
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Raad Shawax, Secretary
(Typed or printed name and capacity of person signing application)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 SEP 24 PM 1:48

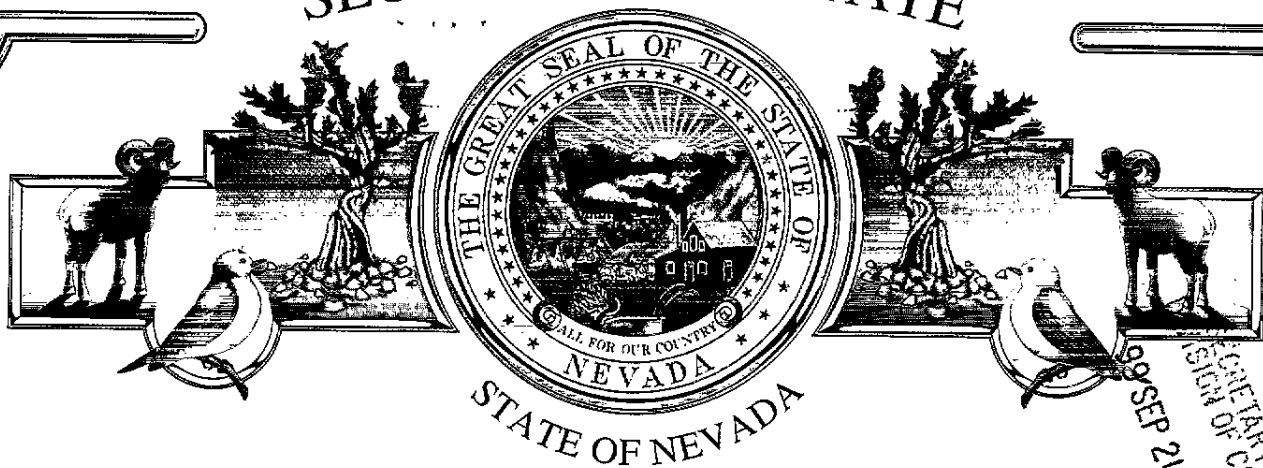
LTC Healthcare of New Port Richey, Inc.

Officers and Directors

Name	Title	Address
Andre C. Dimitriadis	Director	300 Esplanade Drive, Suite 1860 Oxnard, CA 93030
James J. Pieczynski	Director	300 Esplanade Drive, Suite 1860 Oxnard, CA 93030
Christopher T. Ishikawa	Director	300 Esplanade Drive, Suite 1860 Oxnard, CA 93030
Andre C. Dimitriadis	President and Treasurer	300 Esplanade Drive, Suite 1860 Oxnard, CA 93030
Raad Shawaf	Secretary	300 Esplanade Drive, Suite 1860 Oxnard, CA 93030
Steve Korbin	Assistant Secretary	300 Esplanade Drive, Suite 1860 Oxnard, CA 93030

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 SEP 26 PM 1:48

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
89 SEP 24 PM 1:48

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, limited-liability companies, limited partnerships, and limited-liability partnerships pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **LTC HEALTHCARE OF NEW PORT RICHEY, INC.** as a Corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since September 16, 1999, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand
and affixed the Great Seal of State, at my office, in
Las Vegas, Nevada, on September 16, 1999.



Dean Heller

Secretary of State

By

Angela Johnson
Certification Clerk