

ACCOUNT FILING COVER SHEET  
**F99000004940**

REFERENCE  
(Sub Account)

DATE:

9-24

REQUESTOR NAME:

LEXIS

ADDRESS:

TELEPHONE:

( ) ( ) ext ( )

CONTACT NAME:

CORPORATION NAME:

LTC Healthcare of Crawfordville, Inc

DOCUMENT NUMBER:  
(if applicable)

AUTHORIZATION:

C. Woodyard

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

300002996283--1

☒ Call When Ready  
☐ Walk In  
☐ Mail Out

( ) Call if Problem  
( ) Will Wait

After 4:  
Pick Up

STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

99 SEP 24 PM 11:39

RECEIVED

OK 9/24/99

**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 STATE  
SECRETARY OF CORPORATIONS  
SEP 24 PM 1:52

1. LTC HEALTHCARE OF CRAWFORDVILLE, 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

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

3. \_\_\_\_\_

(FEI number, if applicable)

4. 9-16-99

(Date of Incorporation)

5. PERPETUAL

(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

OKNARD, 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. \_\_\_\_\_

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

14. \_\_\_\_\_

Raad Shawaf, Secretary  
(Typed or printed name and capacity of person signing application)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 SEP 24 PM 1:52

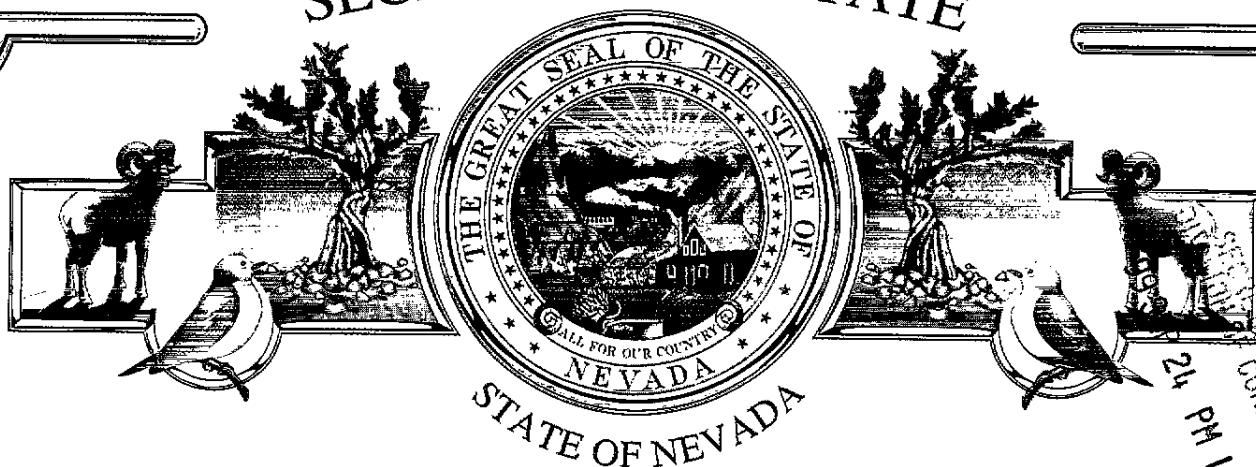
# **LTC Healthcare of Crawfordville, Inc.**

## **Officers and Directors**

<b>Name</b>	<b>Title</b>	<b>Address</b>
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 24 PM 1:52

# SECRETARY OF STATE



FILED  
CLERK OF STATE  
CORPORATIONS  
24 PM 1:52

## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

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 CRAWFORDVILLE, 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 Suber*

Certification Clerk