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ACCOUNT FILING COVER SHEET

ACCOUNT NUMBER: FCA000000005

REFERENCE: 3105008
(Sub Account)

DATE: 3-7

REQUESTOR NAME: LEXIS

ADDRESS:

TELEPHONE: () () ext ()

CONTACT NAME:

CORPORATION NAME: LT C Healthcare of Crawfordville, Inc.

DOCUMENT NUMBER:
(if applicable)

AUTHORIZATION:

C. Woodyard

100003160251-8

- ☒ 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 4:30
☐ Pick Up

N.C.
G. COULLETTE MAR 07 2000

File
first

FILED
00 MAR -7 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
00 MAR -7 AM 11:08
DEPARTMENT OF STATE
DIVISION OF CORPORATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO
APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

1. LTC Healthcare of Crawfordville, Inc.
Name of corporation as it appears on the records of the Department of State.
2. Nevada 3. September 24, 1999
Incorporated under laws of Date authorized to do business in Florida

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? February 18, 2000

5. Centers for Long Term Care of Crawfordville, Inc.
Name of corporation after the amendment, adding suffix "corporation" "company" or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation.

6. If the amendment changes the period of duration, indicate new period of duration.

n/a
New Duration

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

n/a
New Jurisdiction



Signature

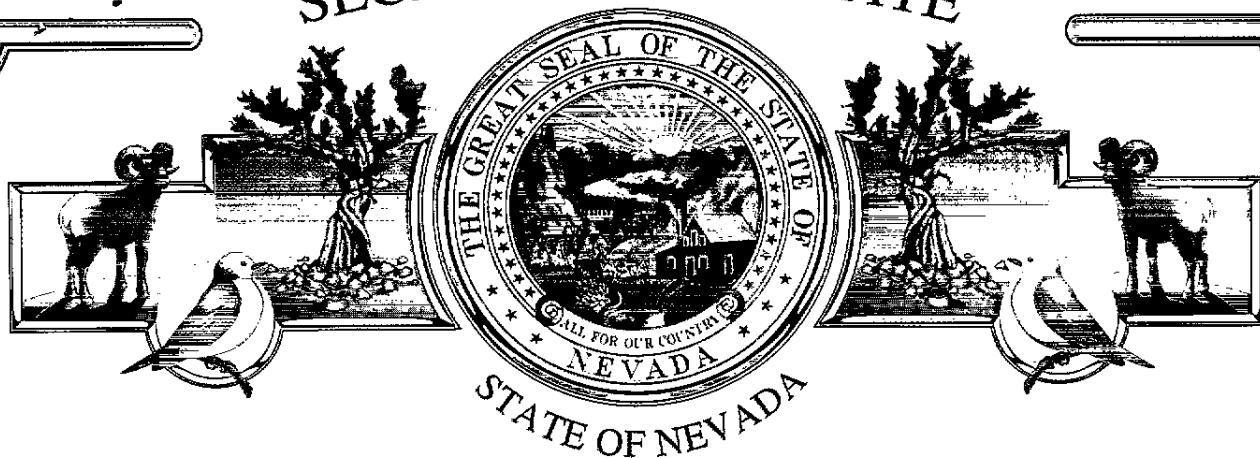
February 29, 2000
Date

Christopher T. Ishikawa
Typed or printed name

President
Title

FILED
00 MAR -7 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE



CERTIFICATE OF NAME CHANGE

I, DEAN HELLER, the duly qualified and elected Nevada Secretary of State, do hereby certify that on **February 18, 2000**, a Certificate of Amendment to its **Articles of Incorporation** changing the name to **CENTERS FOR LONG TERM CARE OF CRAWFORDVILLE, INC.**, was filed in this office by **LTC HEALTHCARE OF CRAWFORDVILLE, INC.** Said change of name has been made in accordance with the laws of the State of Nevada and that said Certificate of Amendment is now on file and of record in this office.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, on February 22, 2000.

Secretary of State

By

Certification Clerk