

BLANK ROME COMISKY & McCAULEY LLP

Counselors at Law

Direct Dial: (215) 569-5338

Fax: (215) 832-5338

Email: banks@blankrome.com

Delaware
Florida
Maryland
New Jersey
New York
Ohio
Pennsylvania
Washington, DC

M01000002399

Via Federal Express

Florida Department of State
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

200004650122--5
-10/23/01--01058--003
****125.00 ****125.00

Re: Foreign Registration - Senior Health Management, L.L.C.

To Whom It May Concern:

I am enclosing an original and one copy of the following documents: (1) Application to Transact Business in Florida and (2) Certificate of Designated Registered Agent, along with the Certificate of Good Standing from the Commonwealth of Pennsylvania and our check in the amount of \$125.00 to cover filing fees. Please file the original and return one date stamped copy in the envelope provided for your convenience.

Should you have any questions, please contact me at 215-569-5338.

Very truly yours,

Mary P. Banks
Mary P. Banks
Paralegal

/mpb

Enclosures

Cc: Harry D. Madonna, Esquire

FILED
2001 OCT 23 AM 8:42
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LC

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. SENIOR HEALTH MANAGEMENT, L.L.C.
(Name of foreign limited liability company)
2. Commonwealth of Pennsylvania 3. PA Entity No. 2986489
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. February 2, 2001 5. perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. Upon filing
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 25 Penncraft Avenue, Suite 312, The Professional Bldg.
Chambersburg, PA 17201
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here ☒

9. The name and usual business addresses of the managing members or managers are as follows:

Bart Wyatt, 14255 49th Street North, Bldg. #3, Suite 301, Clearwater, FL 33762

Daniel Davis, 14255 49th Street North, Bldg. #3, Suite 301, Clearwater, FL 33762

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: _____

Management of Nursing Homes

Bart Wyatt
Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)
Bart Wyatt

Typed or printed name of signee

FILED
200 OCT 23 AM 8:42
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES,
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE
STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

SENIOR HEALTH MANAGEMENT, L.L.C.

2. The name and the Florida street address of the registered agent and office are:

Bart Wyatt

(Name)

14255 49th Street North, Bldg. #3, Suite 301

Florida street address (P.O. Box **NOT** ACCEPTABLE)

Clearwater, FL 33762

FL

(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

Bart Wyatt

(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

FILED
2001 OCT 23 AM 8:42
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

C O M M O N W E A L T H O F P E N N S Y L V A N I A

D E P A R T M E N T O F S T A T E

OCTOBER 16, 2001

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

SENIOR HEALTH MANAGEMENT, L.L.C.

is duly organized as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office shown as of the date herein.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Kim Dzingulth
Secretary of the Commonwealth
JSOW