

FROM HOLLAND & KNIGHT

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(MON) 1.27.03 12:37/ST 12:37/NO. 4260953042 P 1

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Florida Department of State

Division of Corporations

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FOREIGN LIMITED LIABILITY COMPANY

Lake Harris Health Properties, LLC

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FROM HOLLAND & KNIGHT TAMPA

(MON) 1. 27' 03 12:37/ST. 12:37/NO. 4260953042 P 2



FLORIDA DEPARTMENT OF STATE  
Ken Datzner  
Secretary of State

January 24, 2003

HOLLAND & KNIGHT

TALLAHASSEE, FL

SUBJECT: LAKE HARRIS HEALTH PROPERTIES, LLC  
REF: W03000002247

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03 JAN 24 PM 3 12  
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TALLAHASSEE, FLORIDA

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please note that your application is missing the Registered Agent Designation page. This page must include a signed acceptance statement.

ALSO, these documents are VERY hard to read. Could you FAX a clearer copy?

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr  
Corporate Specialist

FAX Aud. #: H03000031208  
Letter Number: 603A00004593

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03 JAN 27 PM 2:46  
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# 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. Lake Harris Health Properties, LLC  
(Name of foreign limited liability company)
2. Delaware  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. \_\_\_\_\_  
(FEI number, if applicable)
4. January 21, 2003  
(Date of Organization)
5. Perpetual  
(Duration: Year limited liability company will exist or "perpetual")
6. Not yet transacting business.  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 18167 U.S. Highway 19 North  
Clearwater, Florida 33764  
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here ☒
9. The usual business addresses of the managing members or managers are as follows:

Lake Port Properties, LLC

18167 U.S. Highway 19 North

Clearwater, Florida 33764

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: Owning and leasing real estate  
in Florida and owning interests in a Florida limited liability company.

By: Lake Port Properties, LLC, its Member

By: Johnson Ezell Corporation, the Manager and a Member of Lake Port Properties, LLC

Neil Ezell  
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.)

Neil Ezell, President of Johnson Ezell Corporation

Typed or printed name of signee

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**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:

Lake Harris Health Properties, LLC

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

Johnson Ezell Corporation

(Name)

18167 US 19 North, Suite 660

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

Clearwater, 33764

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.*

*Neil Ezell*

(Signature)

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

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(MON) 1.27'03 12:38/ST. 12:37/NO. 4260953042 P 4

# Delaware

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*The First State*

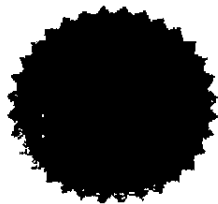
I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LAKE HARRIS HEALTH PROPERTIES, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF JANUARY, A.D. 2003.

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TALLAHASSEE, FLORIDA

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*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 2216051

DATE: 01-22-03