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ÉLORIDA/FOREIGN LIMITED LIABILITY CÓ. JIVIS!ON OF

Miami Facility Operations, LLC

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Certified Copy	
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7/11/2006

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

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

٠,	Miami Facility Operations, LLC (Name of Foreign Limited	Lia	hility Company)
	Ohlo		20-51112030
۲٠.	Jurisdiction under the law of which foreign limited liability company is organized)	3,	(FEI number, if applicable)
4.	Juns 23, 2006	5.	Perpetual
	(Date of Organization)		(Duration: Year limited liability company will cease to exist or "perpetual")
6.	Date of Registration		
	(Date first transacted business in F (See sections 608.501 & 608.502 F.)		da, if prior to registration.) o determine penalty liability)
7.	400 Lazelle Road, Ste. 10		determine penalty liability) ALCH A
	Columbus, OH 43240		ASS.
	(Street Address	s of	Principal Office)
8.	If limited liability company is a manager-manage	đ c	
9.	The name and usual business addresses of the man	nag	ing members or managers are as follow
	Consulate Health Care, LLC, a Florida limited liability co	mpa	nny
	800 Concourse Parkway S., Stc. 200		·
	Maitland, FL 32751		
the	Anached is an original certificate of existence, no more than 90 jurisdiction under the law of which it is organized. (A photocous lation of the certificate under eath of the translator must be sub-	руi	
11	. Nature of business or purposes to be conducted of	or p	romoted in Florida: Any and all lawful business
	provided for under Florida Statues.		
	G. A.C.	<u> </u>	
		uth F.S.	orized representative of a member. , the execution of this document constitutes
	Gene Curcio, authorized person		

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 na	ame of the Limited Liability	Company is:	
Miami Fac	cility Operations, LLC	, , , , , , , , , , , , , , , , , , ,	<u> </u>
2. The na	ame and the Florida street ad	dress of the registered agent and office a	ıċ:
	A.G.C. Co.		
		(Name)	06 JU SECR TALL/
	200 S. Orange Ave., Ste	. 2300	まり 戸 ヵ
	Florida Str	cet Address (P.O. Box NOT ACCEPTABLE)	II A
	Orlando	FL 32801	FL
		City/State/Zip	7ATE ORIDA
liability co agent and relating to	ompany at the place designate agree to act in this capacity. o the proper and complete per us of my position as registered	t and to accept service of process for the a ed in this certificate, I hereby accept the ap I further agree to comply with the provisi formance of my duttes, and I am familiar v l agent as provided for in Chapter 608, Fla	opointment as registered ions of all statutes with and accept the

Filing Fee for Application
Designation of Registered Agent

Certified Copy (optional)

Certificate of Status (optional)

\$ 100.00

\$ 25.00

\$ 30.00

\$ 5.00

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, J. Kenneth Blackwell, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign corporations; that said records show MIAMI FACILITY OPERATIONS, LLC, an Ohio Limited Liability Company, Registration No. 1631965, was organized within the State of Ohio on June 23, 2006, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 26th day of June, A.D. 2006.

Ohio Secretary of State

Validation Number: 200617403118