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Division of Corporations

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

ManorCare Health Services, LLC

Certificate of Status	1
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION FOR SELECTION STATEMENT THE BOLLOWING IS SUBMITTED TO RECEIVER A POREIGN

L	IMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	MUMCH
1.	ManorCare Health Services, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	•
CÇ	I name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liabil company," "L.L.C.," "LLC.")	written lity
2	Delaware 26-1305666	
_	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	-
4.	August 17, 2007	
•	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	•
6.	TALE S	97
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	E
7.	333 N. Summit Street, Attu. Taxes	5
	Toledo, OH 43604	A
	(Street Address of Principal Office)	<u>დ</u>
8.	If limited liability company is a manager-managed company, check here	: 09
9.	The name and usual business addresses of the managing members or managers are as follows:	
	Matthew S. Kang 333 N. Summit St., Toledo, OH 43604	
		•
		-
		•
	. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of receptains under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a	conds in
12	rislation of the certificate under ceth of the translator must be submitted.)	
1 1	. Nature of business or purposes to be conducted or promoted in Florida: Operator of skilled nursing	_
	facilities	
	Motth 5 Mag	•
	Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), P.S., the execution of this document constitutes an affirmation under the penaltics of perjury that the facts stated herein are true.)	
	Matthew S. Kang	•
	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.

If name unavailable,	the alternate name to	be used in the state	of Florida is:	·
2. The name and the	Florida street address	s of the registered ag	ent and office are:	OT NOV SECRE
	С	T Corporation System		HASSAH AS
		(Name)		S
	1200	0 South Pine Island Roze	1	E P
 ,	Florida Street Ad	idress (P.O. Box <u>NOT</u>	ACCEPTABLE)	F STATE FLORIC
	Plantation	FL	33324	- Br.
-		City/State/Zip		
liability company at ti ngent and agree to ac relating to the proper obligations of my post	is registered agent and he place designated in it in this capacity. I fin and complete perform ition as registered agen Corporation System	this certificate, I her rther agree to comply sance of my duties, an	eby accept the appoin with the provisions o ad I am familiar with a	tment as registered f all statutes and accept the
liability company at ti agent and agree to ac relating to the proper obligations of my post CTC	he place designated in it in this capacity. I fut and complete perform	this certificate, I her rther agree to comply sance of my duties, an	eby accept the appoin with the provisions o ad I am familiar with a	tment as registered f all statutes and accept the
tiability company at tingent and agree to acceptant and agree to acceptant to the proper obligations of my post	he place designated in this capacity. I fin and complete perform ition as registered ages Corporation System (Signature)	this certificate, I her rther agree to comply nance of my duties, ar nt as provided for in	eby accept the appoin with the provisions o ad I am familiar with a	tment as registered f all statutes and accept the
liability company at tingent and agree to accretaing to the proper obligations of my post	he place designated in it in this capacity. I fin and complete perform ition as registered age	this certificate, I her rther agree to comply nance of my duties, ar nt as provided for in	eby accept the appoin with the provisions of ad I am familiar with a Chapter 608, Florida	tment as registered f all statutes and accept the

\$ 5.00 Certificate of Status (optional)

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CONSENT TO USE OF SIMILAR NAME

The undersigned corporation, ManorCare Health Services, Inc., a Delaware corporation authorized to transact business in Florida (the "Corporation"), desiring to consent to the use of a name similar to its name by another entity, hereby certifies that:

1. The name of the Corporation executing this Consent to Use of Similar Name is:

ManorCare Health Services, Inc.

- 2. The address of the Corporation's current registered office in the state of Florida is: 1200 South Pine Island Road, Plantation, FL 33324. Its registered agent at that office is: CT Corporation System.
- The date of the Corporation's incorporation in Delaware is: October 18, 1968. It became authorized to transact business in Florida on December 13, 1982
- 4. The entity entitled to the benefit of this Consent to Use of Similar Name is:

ManorCare Health Services, LLC

IN TESTIMONY WHEREOF, the undersigned Corporation has caused this Consent to Use of Similar Name to be signed by a duly authorized officer thereof this 2nd day of November, 2007.

MANORCARE HEALTH SERVICES, INC.

\ClientF5\Heartland Information Service,\HCR Manor Care-Turbo\07434\\CORR\Consent to Use of Similar Name FL-2.doc



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I, HARRIET SMITH NINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MANORCARE HEALTH SERVICES, 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 FIFTH DAY OF NOVEMBER, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

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Variet Smith Windson, Secretary of State

AUTHENTICATION: 6134072

DATE: 11-05-07

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