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### FLORIDA/FOREIGN LIMITED LIABILITY CO.

1710 S.W. Health Parkway, LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

A. LUNT

MAR 20 2009

EXAMINER

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Help

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA COMPULANCE WITH SECTION 608503. FLORIDA STATUTES, THE POLICY WAY IS SUBMITTED TO RECETTED A SOLORY

IN COMPLIANCE WITH SECTION 608503, LIMITED LIABILITY COMPANY TO TRANSAC	-FLORIDA STATUTES, THE FOLLOWING IS SUBMIT TBUSINESS INTHE STATE OF FLORIDA:	
1710 S.W. Health Parkway, LLC		2009 SEC ALL
(Name of Foreign Limited Liability C	Company; must include "Limited Liability Company,"	TULCI OF THE SECOND
consent of the managers or managing member Company," "L.L.C.;" "LLC.")	dopted for the purpose of transacting business in Floriders and opting the alternate name. The alternate name may	is and attach a copyrof the writter
2. Delaware	3. N/A	-Lo
(Jurisdiction under the law of which foreign company is organized)	gn limited liability (FEI number, if	applicable)
4. 03/13/2009	5. Perpetual	> 01
(Date of Organization)	(Duration: Year limited flabili exist or "perpetual")	ty company will cease to
5. upon filing		
(Date first transc	acted business in Florida, if prior to registration.) .501 & 608.502 F.S. to determine penulty liability)	
One ScaGate, Suite 1500		
Toledo, Ohio 43604		**************************************
	(Street Address of Principal Office)	
	esses of the managing members or managers	are as follows:
Health Cure REIT, Inc. (Sole Member)		
One ScaGate, Suite 1500		
Toleda, Oisia 43604		
he jurisdiction under the law of which it is ongr runslation of the certificate under oath of the tra-	•	
	memberor an authorized representative of a r	
	scallait 608.408(3), F.S., the execution of this document corer the penalties of perjury that the facts stated herein are true.	
	ior Vice President-Administration and Corporate Scere	lary
•	Typed or printed name of signee	

PLIST : 44-78/Julif C T System Online

## 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.

The name of the Limited Liability Company is:     The name of the Limited Liability Company is:	
1710 S.W. Health Parkway, LLC	
If name unavailable, the alternate name to be used in t	the state of Florida is:
	Po N
2. The name and the Florida street address of the regis	stered agent and office are:
C T Corporation	a dystem
(Name)	
1200 South Pine I	sland Road  IOX NOT ACCEPTABLE)
Florida Suren Address (P.O. B	ON NOT ACCEPTABLE)  ON NOT ACCEPTABLE)  ON NOT ACCEPTABLE)  ON NOT ACCEPTABLE)
Plantation	13134
City/Ste	

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, Florida Statutes,

By Diane Stout, Assi. Secretary
(Signature)

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

## Delaware

## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "1710 S.W. HEALTH PARKWAY, 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 THIRTEENTH DAY OF MARCH, A.D. 2009.

DATE: 03-13-09