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Florida Department of State

Division of Corporations

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To:
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Fax Number : (850)205-0381

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
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FLORIDA PROFIT CORPORATION OR P.A.

Sawgrass Management, Inc.

Certificate of Status	0
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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

SAWGRASS MANAGEMENT, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

5303 East Highway 45, Ft. Smith, Ar. 72913

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROVIDE MANAGEMENT SERVICES TO NURSING HOME FACILITIES AND SUCH OTHER ACTIVITES RELATED OR INCIDENTAL THERETO.

ARTICLE IV SHARES

The number of shares of stock is:

10,000 SHARES OF $1.00 PAR VALUE COMMON STOCK

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TALLAHASSEE FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

S. W. CREEKMORE, III PRESIDENT/DIRECTOR
P. O. BOX 3068
FORT SMITH, AR 72913-3068

CARLA CAMPBELL-ELLIS SECRETARY/DIRECTOR
P. O. BOX 3068
FORT SMITH, AR 72913-3068

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

C T Corporation System, 1200 South Pine Island Road, Plantation, Florida 33324

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

JOSEPH G. NICHOLS
400 West Capitol Ave. Suite 2000, Little Rock, AR 72201

****

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Connie Bryan Special Asst Secy
Signature/Registered Agent — AUGUST 25, 2005 — Date

Joseph G. Nichols
Signature/Incorporator — AUGUST 25, 2005 — Date

JOSEPH G. NICHOLS