

P06980

ACCOUNT FILING COVER SHEET

ACCOUNT NUMBER: FCA000000005

REFERENCE: 2020610
(Sub Account)

DATE: 12-16

REQUESTOR NAME: LEXIS

ADDRESS: _____

TELEPHONE: (____) (____-____) ext (____)

CONTACT NAME: _____

CORPORATION NAME: Arbor Health Care Company to
Florida 6 Health Care Facilities Inc.

DOCUMENT NUMBER: _____
(if applicable)

AUTHORIZATION: C. Woodyard

FILED
99 DEC 16 PM 12:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

name change Amend

Amend.

- CERTIFIED COPY (1-9)
- CERTIFICATE OF STATUS (1-9)
- PLAIN STAMPED COPY

300003072653--0

- Call When Ready
- Walk In
- Mail Out
- Call if Problem
- Will Wait

After 4:30
DEC 16 PM 12:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

*ADR
12/17/99*

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO
APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

FILED
99 DEC 16 PM 12:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Arbor Health Care Company
Name of corporation as it appears on the records of the Department of State.
2. DE Incorporated under laws of
3. 8/6/85 Date authorized to do business in Florida

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 12/8/99
5. Florida 6 Health Care Facilities, Inc.
Name of corporation after the amendment, adding suffix "corporation" "company" or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation.
6. If the amendment changes the period of duration, indicate new period of duration.
_____ New Duration
7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.
_____ New Jurisdiction

Timothy J. Murphy
Signature

12/13/99
Date

Timothy J. Murphy
Typed or printed name


Assistant Secretary
Title

State of Delaware
Office of the Secretary of State

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "ARBOR HEALTH CARE COMPANY", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "FLORIDA 6 HEALTH CARE FACILITIES, INC.", THE EIGHTH DAY OF DECEMBER, A.D. 1999, AT 9 O'CLOCK A.M.




Edward J. Freel, Secretary of State

2058648 8320

991528041

AUTHENTICATION: 0129398
DATE: 12-09-99