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Florida Department of State  
Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850) 617-6381

\*RE-SUBMIT\*

## From:

Account Name : C T CORPORATION SYSTEM  
Account Number : PCA000000023  
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Fax Number : (850) 878-5926

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## FLORIDA PROFIT/NON PROFIT CORPORATION

HCR MANOR CARE SERVICES OF FLORIDA II, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

DIVISION OF CORPORATION

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3/5/2008



March 6, 2008

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: ECR MANOR CARE SERVICES OF FLORIDA II, INC.  
REF: W08000011870

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

If you have any further questions concerning your document, please call (850) 245-6928.

Tim Burch  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H08000057539  
Letter Number: 408A00014052

**\*RE-SUBMIT\***

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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:

HCR Manor Care Services of Florida II, Inc.

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

333 N. Summit Street, Toledo, Ohio 43604

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The corporation may engage in any act or activity for which a corporation may be formed under the Business Corporation Act, Fla. Stat. Ann. Section 607.0101 et.seq., including but not limited to, the employment of physicians duly licensed to practice medicine under the laws of the state of Florida.

### **ARTICLE IV SHARES**

The number of shares of stock is:

1,000 Authorized; 100 issues; no par value

### **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

John K. Graham	President
Kathryn S. Hoops	Vice President & Assistant Treasurer
Carla Davis Hughes	Vice President
Matthew S. Kang	Secretary & Treasurer
Barry A. Lazarus	Vice President & Assistant Secretary
Steven D. Spencer	Vice President & Assistant Secretary
Bruce Schroeder	Assistant Vice President

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is **SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

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

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Kathryn S. Hoops, 333 N. Summit Street, Toledo, Ohio 43604

\*\*\*\*\*  
*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 ASSISTANT SECRETARY**

Connie Bryan  
Signature/Registered Agent C T Corporation System

March 3, 2008

Date

Kathryn S. Hoops  
Signature/Incorporator

March 3, 2008

Date

Kathryn S. Hoops