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Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

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FLORIDA PROFIT/NON PROFIT CORPORATION HCR Manor Care Services of Florida III, Inc.

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

J. SHIVER JUN 0 8 2011!

COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: HCR Manor Care Services of Florida III, In	C.	
(PROPOSED CORPOR	ATE NAME - MUST INC	JUDE SUFFIX
Enclosed are an original and one (1) copy of the art	ticles of incorporation an	d a check for:
\$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status	\$78.75 Piling Fee & Certified Copy	& Certificate of Status
	ADDITIONAL C	DPY REQUIRED
FROM: Mary Brownell Nam	e (Printed or typed)	
333 N. Summit Street, 16th Floor		
	Address	
Toledo, OH 43604		
City	, State & Zip	
419-252-5735		
Daytine 1	Telephone number	
inpromuel/@yer-manoreare.com		
E-mail address: (to be use	d for future annual report	notification)

NOTE: Please provide the original and one copy of the articles.

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

ARTICLE I	NAME OUTPORTION Shall be: HCR Manor Care S	ervices of Florida III, Inc.	
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address	Mailing address	Lif different is:
	333 N. Summit Street		·
	Toledo, Ohio 43604		
ARTICLE III The purpose for	PURPOSE which the corporation is organized is:		
Fla. Stat. Ann. S	may engage in any act or activity for w Section 607.00101 et.seq., including but the laws of the state of Florida.	hich a corporation may be formed under the not limited to, the employment of physician	Business Corporation Act, as duly licensed to practice
ARTICLE IV	SHARES area of stock is: 1,000 Authorized; 100	ssues; no par value	
ARTICLE V		RECTORS	
Name and	Title:Please see attached sheet	Name and Title:	
Address:	- بربروس <u>ی کاروس</u>		
Name and	Title:	Nume and Title:	
Address:			
Name and	Title	Name and Title:	
Address:			
APTICIE VI	REGISTERED AGENT		A S
The pame and F	lorida street address (P.O. Box NOT ac	coptable) of the registered agent is:	95
Name:	CT Corporation System	<u> </u>	
Address:	1200 South Fing Island Road		105
	Plantation, Florida 33324.		Po B II
ARTICLE VII	INCORPORATOR		
	deress of the Incorporator is:		\$
Name:	Mucy Brownell		~~~~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Address:	333 N. Summit Street, 16th Floor		
	Toledo, Ohio 43604	·	
Having been not this certificate, I	am familiar with and accept the appoints C.T. Cocoodian System	of process for the above stated corporation nent as registered agent and agree to act in the control of the con	his capacity
y Ke	All (Ne Rene	e Cruz, Asst. Secretary	6-1-11
	Required Signifure/Registered	Agent	Date
I submit this doc document to the	cument und affirm that the facts stated Department of State constitutes a third d	herein are true. I am aware that the false egrec felony as provided for in £817.158, F.L	informution submitted in a S
2	Naux Bruill		6-7-11
//	Required Stenature Incorpo	rator	6-7-//

Article V. INITIAL OFFICERS AND/OR DIRECTORS

	STATE OF SECULOR SECUL
Hoops, Kathryn S.	Vice President & Assistant Treasurer
Hughes, Carla Davis	Vice President
Kang, Matthew S.	Director, Secretary & Treasurer
Kile, Thomas R.	Assistant Treasurer
Lazarus, Storry A.	Vice President & Assistant Societary
Road, Michael J.	President
Schroeder, Bruce G.	Assistant Vice President
Spencer, Steven D.	Vice President & Assistant Secretary

Address for all: 333 N. Summit Street, Toledo, Ohio 43604

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