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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

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Help

J. Savers JUN 08 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, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Mary Brownell
Name (Printed or typed)

333 N. Summit Street, 16th Floor
Address

Toledo, OH 43604
City, State & Zip

419-252-5735
Daytime Telephone number

mbrownell@hcr-manorcare.com
E-mail address: (to be used 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

The name of the corporation shall be: HCN Manor Care Services of Florida III, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
333 N. Summit Street
Toledo, Ohio 43604

Mailing address, if different is:

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 607.00101 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

Name and Title: Please see attached sheet
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: CT Corporation System
Address: 1200 South Pine Island Road
Plantation, Florida 33324

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Mary Brownell
Address: 333 N. Summit Street, 16th Floor
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

By: Renee Cruz Renee Cruz, Asst. Secretary
Required Signature/Registered Agent

6-7-11
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Mary Brownell
Required Signature/Incorporator

6-7-11
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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Article V. INITIAL OFFICERS AND/OR DIRECTORS

Hoops, Kathryn S.	Vice President & Assistant Treasurer
Hughes, Carla Davis	Vice President
Kang, Matthew S.	Director, Secretary & Treasurer
Kilo, Thomas R.	Assistant Treasurer
Lazarus, Barry A.	Vice President & Assistant Secretary
Read, 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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