

# State of Idaho

Office of the Secretary of State

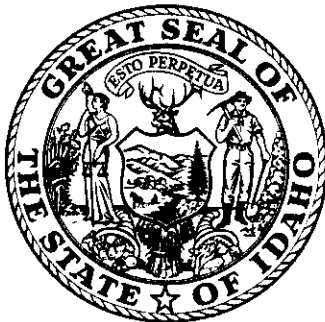
**CERTIFICATE OF AUTHORITY  
OF  
ATLANTIC SHORES HEALTHCARE, INC.**

File Number C 160083

I, BEN YSURSA, Secretary of State of the State of Idaho, hereby certify that an Application for Certificate of Authority, duly executed pursuant to the provisions of the Idaho Business Corporation Act, has been received in this office and is found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of Authority to transact business in this State and attach hereto a duplicate of the application for such certificate.

Dated: 26 April 2005



*Ben Ysursa*

SECRETARY OF STATE

By

*Honna Kristensen*



# APPLICATION FOR CERTIFICATE OF AUTHORITY (For Profit)

(Instructions on Back of Application)

**FILED EFFECTIVE**

2005 APR 26 PM 12:24

The undersigned Corporation applies for a Certificate of Authority and states as follows:

1. The name of the corporation is:

ATLANTIC SHORES HEALTHCARE, INC.

2. The name which it shall use in Idaho is: \_\_\_\_\_

3. It is incorporated under the laws of: Florida

4. Its date of incorporation is: April 24, 1997

5. The address of its principal office is: c/o Atlantic Shores Healthcare, Inc.

621 N.W. 53rd Street, Boca Raton, FL 33487

6. The address to which correspondence should be addressed, if different from item 5, is:

1401 Shoreline Drive, Suite 2

Boise, ID 83702

7. The street address of its registered office in Idaho is: \_\_\_\_\_

and its registered agent in Idaho at that address is: Corporation Service Company

8. The names and respective business addresses of its directors and officers are:

Name	Office	Address
<u>See attached officers/directors rider</u>		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Dated: April 20, 2005

Signature: \_\_\_\_\_

Typed Name: John J. Bulfin

Capacity: Secretary

Customer Acct # : \_\_\_\_\_

(if using pre-paid account)

Secretary of State use only

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Revised 07/2002

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04/26/2005 05:00  
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C 160083

## **OFFICERS/DIRECTORS RIDER**

ID-Application for Certificate of Authority

ATLANTIC SHORES HEALTHCARE, INC.

### **List of Officers**

**Name:** Jorge A. Dominicis **Title:** President  
**Bus. Addr.:** 7103 S. Flagler Drive, West Palm Beach, FL 33405

**Name:** John J. Bulfin **Title:** Secretary  
**Bus. Addr.:** 134 Cortez Road, West Palm Beach, FL 33405

**Name:** Louis V. Carrillo **Title:** Assistant Secretary  
**Bus. Addr.:** 601 Renaissance Way, Delray Beach, FL 33483

**Name:** John G. O'Rourke **Title:** Treasurer  
**Bus. Addr.:** 11920 Torreyanna Circle, West Palm Beach, FL 33412

**Name:** David N. T. Watson **Title:** Assistant Treasurer  
**Bus. Addr.:** 10249 Allamanda Circle, Palm Beach Gardens, FL 33410

### **List of Directors**

**Name:** George C. Zoley **Term:**  
**Bus. Addr.:** 15 Seneca Road, Sea Ranch Lakes, FL 33308

**Name:** Jorge A. Dominicis **Term:**  
**Bus. Addr.:** 7103 S. Flagler Drive, West Palm Beach, FL 33405

**Name:** Wayne H. Calabrese **Term:**  
**Bus. Addr.:** 384 Royal Palm Way, Boca Raton, FL 33432

# *State of Florida*

## *Department of State*

I certify from the records of this office that ATLANTIC SHORES HEALTHCARE, INC. is a corporation organized under the laws of the State of Florida, filed on April 24, 1997.

The document number of this corporation is P97000036976.

I further certify that said corporation has paid all fees due this office through December 31, 2004, that its most recent annual report was filed on May 4, 2004, and its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the Great Seal of  
Florida, at Tallahassee, the Capital, this the  
Twenty Second day of April, 2005*



*Glenda E. Hood*  
**Secretary of State**

Authentication ID: 900051693149-042205-P97000036976

To authenticate this certificate, visit the following site, enter this ID, and then follow the instructions displayed.

**[www.sunbiz.org/auth.html](http://www.sunbiz.org/auth.html)**