

State of Idaho

Office of the Secretary of State

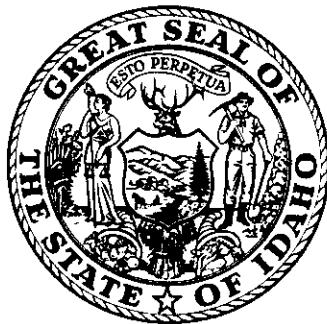
**CERTIFICATE OF AUTHORITY
OF
ATLANTIC SHORES HEALTHCARE, INC.**

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

Wanda K. Peters



**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

7. The street address of its registered office in Idaho is: Boise, ID 83702

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:

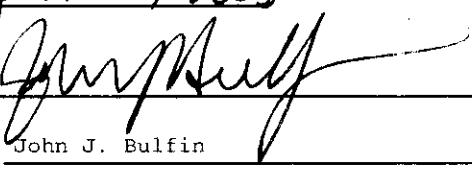
Name

Office

Address

See attached officers/directors rider

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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forms\appforcofauthority_profit.pml6
Revised 07/29/02

IDaho SECRETARY OF STATE
04/26/2005 05:00
CK: 10209676 CT: 18991 BH: 806792
1 @ 100.00 = 100.00 AUTH PRO # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

C160083

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 Gardents, 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