

CT CORPORATION SYSTEM

CORPORATION(S) NAME

**L010000148413**

2) Lifestyles 1 Healthcare, LLC

01 AUG 30 PM 12:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA 01 AUG 30 AM 11:00  
RECEIVED  
DIVISION OF CORPORATION

APPROVED  
AND  
FILED

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Profit                   | <input type="checkbox"/> Amendment              | <input type="checkbox"/> Merger             |
| <input type="checkbox"/> Nonprofit                |   |   |
| <input type="checkbox"/> Foreign                  | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark               |
|   | <input type="checkbox"/> Reinstatement          |   |
| <input type="checkbox"/> Limited Partnership      | <input type="checkbox"/> Annual Report          | <input type="checkbox"/> Other              |
| <input checked="" type="checkbox"/> LLC formation | <input type="checkbox"/> Name Registration      | <input type="checkbox"/> Change of RA       |
|   | <input type="checkbox"/> Fictitious Name        | <input type="checkbox"/> UCC                |
| <input type="checkbox"/> Certified Copy           | <input type="checkbox"/> Photocopies            | <input type="checkbox"/> CUS                |
| <input type="checkbox"/> Call When Ready          | <input type="checkbox"/> Call If Problem        | <input type="checkbox"/> After 4:30         |
| <input checked="" type="checkbox"/> Walk In       | <input type="checkbox"/> Will Wait              | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out                 |   |   |

Name \_\_\_\_\_  
Availability \_\_\_\_\_  
Document \_\_\_\_\_  
Examiner \_\_\_\_\_  
Updater \_\_\_\_\_  
Verifier \_\_\_\_\_  
W.P. Verifier \_\_\_\_\_

8/30/01

Order#: 4759001

**200004563882--0**

-08/30/01--01038--001

Ref#: \_\_\_\_\_

\*\*\*\*125.00 \*\*\*\*125.00

Amount: \$ \_\_\_\_\_

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

*8-30-01*

**ARTICLES OF ORGANIZATION  
OF  
LIFESTYLES 1 HEALTHCARE, LLC**

Pursuant to the provisions of Chapter 608 of the Florida Statutes, the undersigned hereby adopts the following Articles of Organization for purposes of organizing a Florida limited liability company:

ARTICLE I:

The name of the limited liability company is Lifestyles 1 Healthcare, LLC.

ARTICLE II:

The mailing address and street address of the principal office of the limited liability company is:

17960 Gulf Boulevard  
Unit 122  
Redington Shores, Florida 33708

ARTICLE III:


The name and the Florida street address of the registered agent are:

CT Corporation  
1200 South Pine Island Rd.  
Plantation, FL 33324

ARTICLE IV:

The limited liability company is to be manager-managed.

Dated: August 29, 2001



Richard A. Stern, Member

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608 of the Florida Statutes.

CT CORPORATION SYSTEMS

By: Connie Bryan

Name: CONNIE BRYAN 8/30/01  
SPECIAL ASSISTANT SECRETARY

Its: \_\_\_\_\_

APPROVAL  
AND  
FILED

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SECRETARY OF STATE  
FALL AHASSEE, FLORIDA