

LO200004415

THERESA RETH  
106 North Magnolia Avenue  
Ocala National Bank Building  
Suite 318  
Ocala, Florida 34475  
(352) 732-7878

February 19, 2002

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-02/21/02--01026--012  
\*\*\*\*155.00 \*\*\*\*155.00

Corporate Records Bureau  
Division of Corporations  
Department of State  
P.O. Box 6327  
Tallahassee Florida 32314

Re: Articles of Organization of Florida Palliative Pharmacy & Equipment, L.L.C.

Dear Sir:

LO2-4415

Enclosed is my firm check in the sum of \$125.00 for the fee for filing the enclosed Articles of Organization of Florida Palliative Pharmacy & Equipment, L.L.C. as well as an additional fee of \$30.00 for a certified copy of the Articles to be returned to my office. Please return as soon as possible.

WR 2/25

Very truly yours,



THERESA A. RETH

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 FEB 21 AM 10:31

TAR/jdk  
Enclosures  
cc: Client

cep

ARTICLES OF ORGANIZATION  
OF  
FLORIDA PALLIATIVE PHARMACY AND EQUIPMENT, L.L.C.

The undersigned, hereby forms a limited liability company, under Chapter 608, Florida Statute, providing for the formation, rights, powers, privileges and immunities of limited liability companies; and furthermore, declares that the following Articles shall serve as the Charter and authority for the conduct of business of the limited liability company.

**ARTICLE 1.**

Name

Name. The name of the limited liability company shall be Florida Palliative Pharmacy and Equipment, L.L.C. (Company).

**ARTICLE 2.**

Principal Place of Business

The principal place of business of the company shall be 2891 SE 62<sup>nd</sup> Street, Ocala, Florida 34480. The mailing address for the company shall be P.O. Box 4860, Ocala, Florida 34478-4860.

**ARTICLE 3.**

Duration

This limited liability company shall have perpetual existence unless or until dissolved in a manner provided by law or as provided in the Company's Operating Agreement.

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**ARTICLE 4.**

**Registered Office and Agent**

The name and street address of the Registered Agent of the company, in the State of Florida, shall be Theresa A. Reth, 108 N Magnolia Avenue, Suite 318, Ocala, Florida 34475.

**ARTICLE 5.**

**Purposes and Powers**

This limited liability company is organized to engage in any and all activity or business authorized under the Florida Statutes. Specifically, this limited liability company is organized to provide pharmaceutical services and durable medical equipment support to health care providers and/or recipients, in North Central Florida.

**ARTICLE 6.**

**Members**

The initial member of this company shall be Hospice of Marion County, Inc. No additional member shall be admitted, except with the unanimous written consent of all existing members and on such terms and conditions as shall be determined by all existing members.

**ARTICLE 7.**

**Transferability of Memberships**

No members' interest may be transferred in whole or in part, directly or indirectly, except pursuant to the terms and conditions of the Operating Agreement.

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**ARTICLE 8.**

**Management of Business**

This company is to be managed by one or more managers and is therefore a manager-managed company, elected as provided in the Operating Agreement of the company.

**ARTICLE 9.**

**Termination of Existence**

The company may be dissolved as provided by law, or in the Company's Operating Agreement.

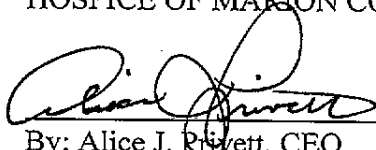
**ARTICLE 10.**

**Liability of Members and Managers**

Neither the members of this limited liability company nor the managers of this limited liability company are liable, solely by reason of being a member or serving as a manager, under a judgment, decree, or order of the Court, or in any other manner for a debt, obligation or liability of the limited liability company. The limited liability company shall, pursuant to the terms and conditions of its Operating Agreement, provide for the indemnification of its members and managers.

IN WITNESS WHEREOF, the undersigned organizer has made and subscribed these Articles of Organization at Ocala, Florida, this 19<sup>th</sup> day of February, 2002.

HOSPICE OF MARION COUNTY, INC.:

  
By: Alice J. Rivett, CEO  
Member

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 FEB 21 AM 10:31

STATE OF FLORIDA

COUNTY OF

I hereby certify that on this day before me, a Notary Public duly authorized to take acknowledgments, personally appeared Alice J. Privett, to me known to be the person described as Subscriber in and who produced personal know as identification, executed the foregoing Articles of Incorporation, and she acknowledged before me that she subscribed to these Articles of Organization and who [] did [] did not take an oath.

WITNESS my hand and official seal this 19 day of February, 2002.

  
Notary Public, State of Florida

(Seal)

My commission expires  Theresa A Rath  
My Commission DD088912  
Expires April 24, 2006

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 FEB 21 AM 10:31


**CERTIFICATE OF REGISTERED AGENT-REGISTERED OFFICE OF  
FLORIDA PALLIATIVE PHARMACY AND EQUIPMENT, L.L.C.**

Pursuant to the provisions of Section 608.415, Florida Statutes, and Section 608.407(1)(b) Florida Statutes, the Limited Liability Company identified below, submits the following statement in designating its Registered office and Registered Agent in the State of Florida.

The name of the Limited Liability Company is:  
Florida Palliative Pharmacy and Equipment, L.L.C.

The name of the Registered Agent for Florida Palliative Pharmacy and Equipment, L.L.C. is: Theresa A. Reth, and the street address where she is located is 108 N Magnolia Avenue, Suite 318, Ocala, Florida 34475.

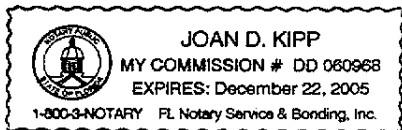
This statement is to acknowledge that, as indicated above, Florida Palliative Pharmacy and Equipment, L.L.C. has appointed me, THERESA A. RETH, as it's Registered Agent to accept service of process for the company at the place designated above in this certificate. I accept this appointment as Registered 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.

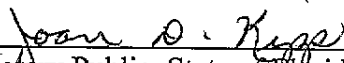
  
\_\_\_\_\_  
Theresa A. Reth, as Registered Agent  
For Florida Palliative Pharmacy and Equipment, L.L.C.

FILED  
CLERK OF STATE  
IN  
MARION COUNTY  
FLORIDA  
FEB 11 AM 10:31

STATE OF FLORIDA  
COUNTY OF MARION

The foregoing instrument was acknowledged before me this 19<sup>th</sup> day February, 2002, by Theresa A. Reth, Agent on behalf of Florida Palliative Pharmacy and Equipment, L.L.C., a Florida Limited Liability Company. Theresa A. Reth is personally known to me and did not take an oath.



  
\_\_\_\_\_  
Notary Public, State of Florida