

L05000018699

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

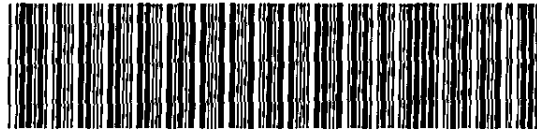
(Business Entity Name)

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TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS

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05 FEB 24 AM 9:38
DIVISION OF CORPORATIONS

J. BRYAN FEB 24 2005



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032
REFERENCE : 222480 5023014
AUTHORIZATION : Patricia Pizut
COST LIMIT : \$ 130.00

ORDER DATE : February 24, 2005
ORDER TIME : 9:46 AM
ORDER NO. : 222480-005
CUSTOMER NO: 5023014
CUSTOMER: Rita E. Knepley, Legal Asst
Drinker Biddle & Reath Llp
Suite 300
1000 Westlakes Drive
Berwyn, PA 19312-2409

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TALLAHASSEE, FLORIDA

DOMESTIC FILING

NAME: LAKE CITY MOB ASSOCIATES, LLC

EFFECTIVE DATE:

- ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan - EXT. 2955
EXAMINER'S INITIALS:

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

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TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Lake City MOB Associates, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

120 North Pointe Boulevard

Suite 300

Lancaster, PA 17601

Mailing Address:

120 North Pointe Boulevard

Suite 300

Lancaster, PA 17601

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Corporation Service Company

Name

1201 Hays Street

Florida street address (P.O. Box NOT acceptable)

Tallahassee

FLORIDA 32301

City, State, and Zip

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, Florida Statutes..

Corporation Service Company

BY:

Cassandra Miller, Asst VP

Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager	
"MGRM" = Managing Member	
MGRM	Richard Welkowitz 120 North Pointe Boulevard, Suite 300 Lancaster, PA 17601
MGRM	Joseph W. Deerin 120 North Pointe Boulevard, Suite 300 Lancaster, PA 17601

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Rita E. Knepley
 Signature of a member or an authorized representative of a member.
 (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)
 By: Rita E. Knepley
 Typed or printed name of signee

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- Filing Fees:**
- \$100.00 Filing Fee for Articles of Organization
 - \$ 25.00 Designation of Registered Agent
 - \$ 30.00 Certified Copy (Optional)
 - \$ 5.00 Certificate of Status (Optional)