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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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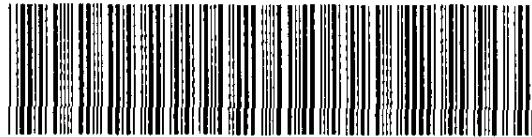
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DEC 13 2010

EXAMINER



CORPORATION SERVICE COMPANY

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 DEC 13 PM 12:50

ACCOUNT NO. : I20000000195

REFERENCE : 606808 9666A

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : December 13, 2010

ORDER TIME : 10:09 AM

ORDER NO. : 606808-005

CUSTOMER NO: 9666A

DOMESTIC FILING

NAME: OCALA SOUTH DIALYSIS LLC

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret - EXT. 2949

EXAMINER'S INITIALS: \_\_\_\_\_

**ARTICLES OF ORGANIZATION  
FOR  
OCALA SOUTH DIALYSIS LLC,  
A FLORIDA LIMITED LIABILITY COMPANY**

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10 DEC 13 PM 12:50

**ARTICLE I.  
NAME**

The name of the Limited Liability Company is "Ocala South Dialysis LLC", a Florida limited liability company (the "Company").

**ARTICLE II.  
ADDRESS**

The mailing address and street address of the principal office of the Company is 2980 SE 3<sup>rd</sup> Court, Ocala, FL 34471-7445.

**ARTICLE III.  
DURATION**

The period of duration for the Company shall be perpetual unless the Company is earlier dissolved in accordance with either the provisions of the *Florida Limited Liability Company Act*, Sections 608.401 through 608.514 of the *Florida Statutes Annotated* (the "Act") or the Company's Operating Agreement among the members (the "Operating Agreement").

**ARTICLE IV.  
MANAGEMENT**

The Limited Liability Company is to be managed by a manager or managers.

**ARTICLE V.  
PURPOSE**

The purpose for which the Company is being organized is to acquire, own, manage, lease, operate, and subsequently resale, real estate, and to own such personal property, including equipment, furniture and fixtures, tangible or intangible personal property, of whatever kind or nature, necessary to carry out any of the foregoing, and otherwise to transact any other lawful business approved by the member of the Company and for which a limited liability company may be formed under the laws of the State of Florida.

**ARTICLE VI.  
MEMBERS' RIGHTS TO CONTINUE BUSINESS**

The right of the remaining members of the Company to continue the business on the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Company shall be upon the consent of all of the remaining members in accordance with the terms and conditions of

**ARTICLES OF ORGANIZATION  
FOR  
OCALA SOUTH DIALYSIS LLC  
A FLORIDA LIMITED LIABILITY COMPANY**

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the Operating Agreement to continue the business of the Company, provided that there is at least one (1) remaining member.

**ARTICLE VII.  
AMENDMENTS**

The Company reserves the right to amend, alter, change or repeal any provision contained in these Articles of Organization, in the manner now or hereafter prescribed by the Act.

**IN WITNESS WHEREOF**, the undersigned, being an authorized representative of the member of the Company, has hereunto set his hand this 10<sup>th</sup> day of December, 2010.

  
\_\_\_\_\_  
TIM D. HAINES


**STATE OF FLORIDA  
COUNTY OF MARION**

The foregoing ARTICLES OF ORGANIZATION were acknowledged before me by TIM D. HAINES, as an authorized representative of the member of the above named limited liability company, who is:

X personally known by me; OR  
\_\_\_\_\_ produced a driver's license as identification.

Dated: this 10<sup>th</sup> day of December, 2010.



  
\_\_\_\_\_  
Print Name: \_\_\_\_\_  
Notary Public, State of Florida  
Commission number \_\_\_\_\_  
Commission expires \_\_\_\_\_

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

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PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/ REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: *Ocala South Dialysis LLC.*
2. The name and address of the registered agent and office is:

Tim D. Haines  
125 NE 1<sup>st</sup> Avenue, Ste. 1  
Ocala, FL 34470

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.

  
\_\_\_\_\_  
TIM D. HAINES

Date: December 10, 2010