



THE UNITED STATES
CORPORATION
COMPANY

L00000000 1998

ACCOUNT NO. : 072100000032

REFERENCE : 598287 6457A

AUTHORIZATION :

Patricia Page

COST LIMIT : \$ 125.00

ORDER DATE : February 23, 2000

ORDER TIME : 11:31 AM

ORDER NO. : 598287-010

CUSTOMER NO: 6457A

CUSTOMER: Ms. Carol Ann Justice
ARNOLD MATHENY & EAGAN, P.A.
ARNOLD MATHENY & EAGAN, P.A.
P. O. Box 2967

Orlando, FL 32802-2967

DOMESTIC FILING

NAME: SIGNATURE HEALTH GROUP LLC

EFFECTIVE DATE:

7000003144607--6

XX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Erika Carlson

EXAMINER'S INITIALS:

EB
22300

DEPT. OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

00 FEB 23 PM 12:09

RECEIVED

APPROVED
AND
FILED

00 FEB 23 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is: **Signature Health Group LLC**

ARTICLE II – Address:

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

801 N. Magnolia Avenue, Suite 201, Orlando, Florida 32803

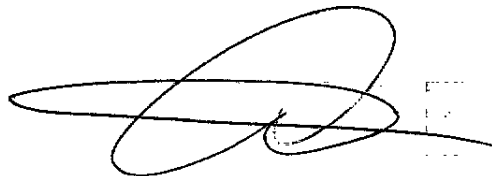
ARTICLE III – Duration:

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV – Management:

The Limited Liability Company is a manager-managed Limited Liability Company. The Limited Liability Company shall be managed by the manager(s) who is (are) designated, appointed or elected to act in such capacity in accordance with the Operating Agreement of the Limited Liability Company.

(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.)



Arthur R. Louv, Authorized Representative

APPROVED
AND
FILED
00 FEB 23 PM 12:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES,
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE
FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND
REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is **Signature Health Group LLC**
2. The name and the Florida street address of the registered agent are:

✓
Arnold, Matheny & Eagan, P.A. *WA347*
801 N. Magnolia Avenue, Suite 201
Orlando, Florida 32803

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.

ARNOLD, MATHENY & EAGAN, P.A.

By: _____

Arthur R. Louv

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AND
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CO FEB 23 PM 12:49
SHERIFF'S OFFICE
TALLAHASSEE, FLORIDA