

L000000012870

Robert A. Pierce/Donna Marie Walters  
Ausley & McMullen

Requestor's Name

227 S. Calhoun Street

Address

Tallahassee, FL 32301

425-5457

City/State/Zip

Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. Osceola Healthcare Management, LLC NEW  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☐ Pickup time \_\_\_\_\_ ☒ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS
Profit
NonProfit
<input checked="" type="checkbox"/> Limited Liability
Domestication
Other

AMENDMENTS
Amendment
Resignation of R.A., Officer/Director
Change of Registered Agent
Dissolution/Withdrawal
Merger

OTHER FILINGS
Annual Report
Fictitious Name
Name Reservation

REGISTRATION/ QUALIFICATION
Foreign
Limited Partnership
Reinstatement
Trademark
Other

APPROVED  
AND  
FILED  
00 OCT 20 PM 12:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600003433566  
-10/20/00-01037-020  
\*\*\*155.00 \*\*\*155.00

RECEIVED  
DIVISION OF CORPORATION  
00 OCT 20 AM 11:55

Examiner's Initials

12-20-00

**ARTICLES OF ORGANIZATION  
OF  
OSCEOLA HEALTHCARE MANAGEMENT, LLC**

The undersigned, pursuant to the provisions of Chapter 608, Florida Statutes, provides the following information for the purpose of forming a Limited Liability Company under the laws of the State of Florida.

**ARTICLE I.  
Name**

The name of the Limited Liability Company is **OSCEOLA HEALTHCARE MANAGEMENT, LLC.**

**ARTICLE II.  
Address**

The address of the place of business and the mailing address in Florida are:

2851 Remington Green Circle, Suite A  
Tallahassee, Florida 32308

**ARTICLE III.  
Registered Agent and Registered Office**

The name and Florida street address of the initial registered agent in Florida for the Limited Liability Company are:

Robert A. Pierce  
227 South Calhoun Street  
Tallahassee, Florida 32301

*Having been named as registered agent and as the person 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.*



Robert A. Pierce, Registered Agent

RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
00 OCT 20 PM 12:16  
AND  
FILED

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this 1<sup>st</sup> day of October, 2000.

IN ACCORDANCE WITH SECTION 608.408(3), FLORIDA STATUTES, THE EXECUTION OF THIS DOCUMENT CONSTITUTES AN AFFIRMATION UNDER PENALTIES OF PERJURY THAT THE FACTS STATED HEREIN ARE TRUE.

**SUMMIT CARE, INC.,**  
a Florida corporation, Member

By: \_\_\_\_\_

**Joseph D. Mitchell**  
Chairman of the Board

APPROVED  
AND  
FILED  
00 OCT 20 PM 12:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA