

Division of Corporations

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Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850) 922-4003

From:

Account Name : BERGER DAVIS & SINGERMAN
Account Number : I19990000048
Phone : (954) 525-9900
Fax Number : (954) 523-2872

LIMITED LIABILITY COMPANY

Adult & Geriatric Institute of Florida, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION
OF
ADULT & GERIATRIC INSTITUTE OF FLORIDA, LLC
A FLORIDA LIMITED LIABILITY COMPANY**

The undersigned, in forming a Florida Limited Liability Company ("Company") under the Florida Limited Liability Company Act, Chapter 608 of the Florida Statutes, hereby adopt the following Articles of Organization for such Company:

ARTICLE I

NAME

The name of the Company is **Adult & Geriatric Institute of Florida, LLC**

ARTICLE II

ADDRESS

The mailing address and the street address of the principal office of the Company is 2021 E. Commercial Boulevard, Suite 101, Fort Lauderdale, Florida, 33308.

ARTICLE III

INITIAL REGISTERED AGENT

The name of the initial Registered Agent of the Company is David Baghdassarian at 2021 E. Commercial Boulevard, Suite 101, Fort Lauderdale, Florida, 33308.

ARTICLE IV

MANAGEMENT

The Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

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ARTICLE V**MEMBERSHIP UNITS**

The Company is authorized to issue One Hundred (100) Membership Units.

In accordance with Section 608.408(3), Florida Statutes, the execution of this constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Dated: December 27, 2000


ROSEMARY MENCIA, D.D.S., Member


ANDRES J. MENCIA, M.D., Member

ACCEPTANCE OF DESIGNATION AS REGISTERED AGENT

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.

Dated: December 27, 2000


DAVID BAGHDASSARIAN
Initial Registered Agent