

Division of Corporations

Page 1 of 2

L01000001768

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H01000013526 8)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : HENDERSON, FRANKLIN, STARNES & HOLT, P
Account Number : 075410002172
Phone : (941) 334-4121
Fax Number : (941) 334-4100

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

01 FEB -2 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 FEB -2 AM 11:19

RECEIVED

AL

LIMITED LIABILITY COMPANY

Senior Health Advisors, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

FAX AUDIT NO.: H01000013526 8

**ARTICLES OF ORGANIZATION
OF
SENIOR HEALTH ADVISORS, LLC**

ARTICLE I - NAME

The name of the limited liability company shall be SENIOR HEALTH ADVISORS, LLC (the "Company").

ARTICLE II - MAILING ADDRESS AND STREET ADDRESS

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

7440 Twin Eagle Lane
Fort Myers, Florida 33912

ARTICLE III - INITIAL REGISTERED AGENT AND OFFICE

The name and street address of the initial registered agent of the Company is:

Name

Address

David M. Semple

7440 Twin Eagle Lane
Fort Myers, Florida 33912

ARTICLE IV. - PURPOSE

The Company shall have unlimited power to engage in and do any lawful act concerning any or all lawful businesses for which limited liability companies may be organized according to the laws of the State of Florida, including all powers and purposes now and hereafter permitted by law to a limited liability company.

ARTICLE V. - MANAGEMENT OF THE COMPANY

Management of the Company is reserved to the Members, and each Member shall act as a managing Member. The name and address of the Initial Members are:

Name

Address

Robert R. Lehman

619 Farwell Drive
Madison, WI 53704

FAX AUDIT NO.: H01000013526 8

FILED
01 FEB -2 PM 1:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FAX AUDIT NO.: H01000013526 8

David M. Semple

7440 Twin Eagle Lane
Fort Myers, Florida 33912

Jon D. Wittorff

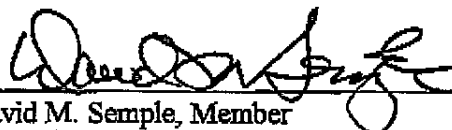
5818 Skimmer Point Boulevard
St. Petersburg, Florida 33707

FILED
01 FEB -2 PM 1:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI. - OPERATING AGREEMENT

The Members shall have the power to adopt, alter, amend, or repeal the Operating Agreement of the Company containing provisions for the regulation and management of the affairs of the Company.

IN WITNESS WHEREOF, the undersigned, being a Member of the Company, has executed these Articles of Organization, this 1st day of February, 2001.


David M. Semple, Member

FAX AUDIT NO.: H01000013526 8

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**FILED
01 FEB -2 PM 1:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 608.415, 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: SENIOR HEALTH ADVISORS, LLC.
2. The name and address of the registered agent and office is:

David M. Semple
7440 Twin Eagle Lane
Fort Myers, Florida 33912

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.


David M. Semple, Registered Agent