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February 2, 2001

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

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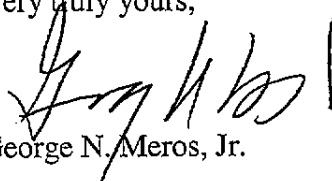
****125.00 ****125.00

To Whom It May Concern:

Enclosed please find the original executed Articles of Organization for DasSee Community Health Systems, L.L.C.. Also enclosed is a check made payable to the Florida Department of State in the amount of \$125.00.

If you require any further information, please do not hesitate to call.

Very truly yours,



George N. Meros, Jr.

GNMJr./cht

Enclosures

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DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FLORIDA

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DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is:

DasSee Community Health Systems, L.L.C.

ARTICLE II – Address:

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

23186 Blue Star Highway

P.O. Box 1979

Quincy, FL 32353-1979

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

George N. Meros, Jr.

Name

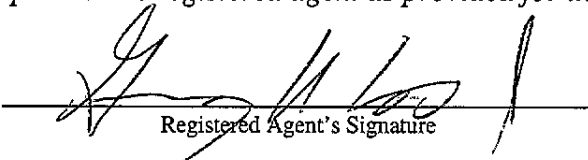
301 S. Bronough Street, Suite 600

Florida street address (P.O. Box NOT acceptable)

Tallahassee, FL 32301

City, State, and Zip

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.


Registered Agent's Signature

ARTICLE IV – Management (Check box if applicable.)



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

David Paris
Signature of a member or an authorized representative of a member.

(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.)

David Paris

Typed or printed name of signer

APPROVED
AND
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

