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ATTORNEY AT LAW

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February 13, 2001

VIA PRIORITY MAIL

Registration Section
Division Of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

100003679041--7
-02/14/01--01065--003
****133.75 ****130.00

RE: Fifth Fairway Adult Care LLC

To Whom It May Concern:

Enclosed is an original and one copy of the following documents:

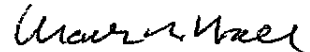
1. Articles Of Organization For Florida Limited Liability Company for Fifth Fairway Adult Care LLC
2. Certificate of Designation of Registered Agent
3. Mark R. Hall, P.A. check in the amount of \$133.75 to cover the \$100.00 filing fee, the \$25.00 designation of registered agent fee, and the \$8.75 fee for a certified copy of the Articles of Organization.

Please forward the letter of acknowledgement and certified copy to the address above once these documents are filed.

If you have any questions, please contact me.

Very truly yours,

MARK R. HALL, P.A.



MARK R. HALL

MRH

Enclosures

CC: Ms. Judith A. Callison

FILED
01 FEB 14 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L01-2477
JR

ARTICLES OF ORGANIZATION FOR FLORIDA
LIMITED LIABILITY COMPANY

ARTICLE I
NAME

The Name of the Limited Liability Company is Fifth Fairway Adult Care LLC.

ARTICLE II
ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is 1020 Claudia Street, New Smyrna Beach, Florida 32168.

ARTICLE III
DURATION

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

ARTICLE IV
REGISTERED AGENT, REGISTERED OFFICE,
AND REGISTERED AGENT'S SIGNATURE

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

Mark R. Hall, Esquire
124 Faulkner Street
New Smyrna Beach, Florida 32168

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.

Mark R. Hall

MARK R. HALL, ESQUIRE

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91 FEB 14 PM 2:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA


ARTICLE V
MANAGEMENT

The Limited Liability Company is to be managed by the members and the name and address of the managing member is:

Judith A. Callison
1020 Claudia Street
New Smyrna Beach, FL 32168

DATED this 13th day of February, 2001.

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



JUDITH A. CALLISON
Managing Member

FILED
01 FEB 16 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED AGENT, IN THE STATE OF FLORIDA:

1. The name of the limited liability company is FIFTH FAIRWAY ADULT CARE LLC.

2. The name and address of the registered agent and office is:

MARK R. HALL, Esquire
124 Faulkner Street
New Smyrna Beach, Florida 32168

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.

Mark R. Hall

MARK R. HALL, ESQUIRE

2/13/01

DATE

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91 FEB 14 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA