

APR-30-01

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FROM-AKERMAN, SENTERFITT &amp; EIDSON

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To:

Division of Corporations  
Fax Number : (850)205-0383

From: Nery C. Toledo, Legal Assistant

Account Name : AKERMAN, SENTERFITT & EIDSON, P.A.  
Account Number : 075471001363  
Phone : (305)374-5600  
Fax Number : (305)374-5095

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**LIMITED LIABILITY COMPANY**

**OPEN DOOR HEALTH CENTER, LLC**

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

25012 - 110066

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Akerman, Senterfitt & Eidson, P.A.  
One Southeast Third Avenue, 28th Floor  
Miami, Florida 33131-1704  
Tel: (305) 374-5600  
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<b>PLEASE DELIVER THE ACCOMPANYING TELECOPIED MATERIAL TO:</b>		<b>DATE OF THIS TRANSMITTAL:</b>	
<b>NAME:</b> DIVISION OF CORPORATIONS LIMITED LIABILITY COMPANIES		April 30, 2001	
<b>PHONE:</b> (850) 487 6937		<b>Client/Matter:</b> 25012 - 110066 <b>Total Pages:</b> 2	
<b>Firm/Company Name:</b> DIVISION OF CORPORATIONS		<b>City, State:</b> Tallahassee, Florida	
<b>SENDER'S NAME:</b> Nery C. Toledo, Legal Assistant			
<b>RE:</b> OPEN DOOR HEALTH CENTER, LLC			
<b>PLEASE CALL (305) 374-5600 IMMEDIATELY IF ANY PAGES ARE NOT RECEIVED OR RECEIVED IN ERROR.</b>			

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**ARTICLES OF ORGANIZATION  
OF  
OPEN DOOR HEALTH CENTER, LLC****ARTICLE I: - Name**The name of the Limited Liability Company is: **Open Door Health Center, LLC****ARTICLE II: - Address**

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

1350 S.W. 4th Street  
Homesstead, Florida 33030**ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature**

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

American Information Services, Inc.  
One Southeast Third Avenue, 28th Floor  
Miami, Florida 33131

*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, F.S.*

American Information Services, Inc.

By: *Nery C. Toledo, Assistant Secretary*  
Nery C. Toledo, Assistant Secretary  
Registered Agent**ARTICLE IV: - Management (Check box if applicable.)**☒ The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager - managed company.*Steve Marcus*  
Signature of a member or an authorized representative of a member.

(In accordance with section §608(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Steve Marcus  
Typed or printed name of signerDated this 25 day of April, 2001.

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