

CT CORPORATION SYSTEM

CORPORATION(S) NAME

**LD1000012508**

Kissimmee Health Care Associates, LLC

RECEIVED  
01 JUL 30 PM 2:30  
DIVISION OF CORPORATIONS  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA 2001 JUL 30 PM 12:10  
NOT INTENDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Profit              | <input type="checkbox"/> Amendment              | <input type="checkbox"/> Merger             |
| <input type="checkbox"/> Nonprofit           |   |   |
| <input type="checkbox"/> Foreign             | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark               |
|  | <input type="checkbox"/> Reinstatement          |   |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report          | <input type="checkbox"/> Other              |
| <input checked="" type="checkbox"/> LLC      | <input type="checkbox"/> Name Registration      | <input type="checkbox"/> Change of RA       |
|  | <input type="checkbox"/> Fictitious Name        | <input type="checkbox"/> UCC                |
| <input type="checkbox"/> Certified Copy      | <input type="checkbox"/> Photocopies            | <input type="checkbox"/> CUS                |
| <input type="checkbox"/> Call When Ready     | <input type="checkbox"/> Call If Problem        | <input type="checkbox"/> After 4:30         |
| <input checked="" type="checkbox"/> Walk In  | <input type="checkbox"/> Will Wait              | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out            |   |   |

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Availability \_\_\_\_\_  
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W.P. Verifier \_\_\_\_\_

7/30/01

Order#: 4692626

**600004507186--1**

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Ref#: \*\*\*\*\*125.00 \*\*\*\*\*125.00

Amount: \$

*JB*  
*7-30-01*

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

**ARTICLES OF ORGANIZATION**  
**OF**  
**KISSIMMEE HEALTH CARE ASSOCIATES, LLC**

**ARTICLE I**

Name

The name of the limited liability company is Kissimmee Health Care Associates, LLC (the "Company").

**ARTICLE II**

Principal Office

The address of the principal office of the Company is One Professional Center, One NE First Avenue, Suite 302, Ocala, Florida 34470. This is also the street & mailing address.

**ARTICLE III**

Registered Agent

The name and address of the Company's initial registered agent is CT Corporation System, 1200 South Pine Island Road, Plantation, Florida 33324.

**ARTICLE IV**

Management

The management of the Company is vested in one or more managers.

**IN WITNESS WHEREOF**, the undersigned Member has executed these Articles of Organization as of the 27th day of July, 2001.

FLORIDA HEALTH CARE PROPERTIES, LLC

By: Cabernet Health Care, LLC, Member

\_\_\_\_\_  
Daryl Griswold, Member

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

*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..*

C T Corporation System

*Dale W. Morris*

*Registered Agent's Signature*

DALE W. MORRIS  
ASSISTANT VICE PRESIDENT

APPROVED  
AND  
FILED

01 JUL 30 PM 2:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA