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(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

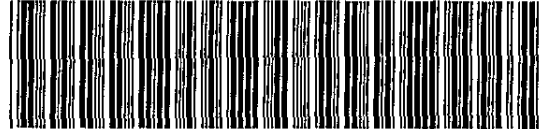
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STATE OF NEW YORK
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JOHN H. RAINS III, P.A.
ATTORNEYS AT LAW

501 East Kennedy Boulevard • Suite 750 • Tampa, Florida 33602-5257

(813) 221-2777 • Fax (813) 221-3737 • www.johnrains.com

JOHN H. RAINS III

MARY JO KUUSELA

April 2, 2004

Via Federal Express Tracking No. 7911 9990 8041

Department of State
Division of Corporations
Corporate Filings
409 East Gaines Street
Tallahassee, FL 32399

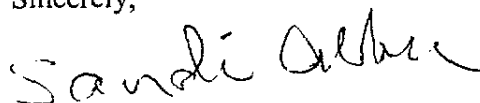
Re: North Florida Health Care Associates, LLC

Dear Sir/Madam:

Enclosed is an original of executed Amended and Restated Articles of Organization for the above entity. Also enclosed is a check payable to Florida Department of State in the amount of \$25.00 for the filing fee.

Please contact the undersigned if there are any questions.

Sincerely,



Sandra S. Albee
Legal Assistant to
John H. Rains, III

Enc.

cc: Patrick Duplantis (w/enc.)

04/02/04 11:02:01
SECRETARY OF STATE
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

April 16, 2004

SANDRA S. ALBEE
501 E. KENNEDY BLVD., STE. 750
TAMPA, FL 33602-5257

SUBJECT: NORTH FLORIDA HEALTH CARE ASSOCIATES, LLC
Ref. Number: L01000012575

We have received your document for NORTH FLORIDA HEALTH CARE ASSOCIATES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A statement that the document was duly executed and filed in accordance with section 608.411, Florida Statutes, must be contained in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6890.

Jason Merrick
Document Specialist

Letter Number: 704A00025113

16 APR 20 11:29:01
SECRETARY OF STATE
DIVISION OF CORPORATIONS

**AMENDED AND RESTATED
ARTICLES OF ORGANIZATION
OF
NORTH FLORIDA HEALTH CARE ASSOCIATES, LLC**

1. Name. The name of this limited liability company is NORTH FLORIDA HEALTH CARE ASSOCIATES, LLC, a Florida limited liability company (the "Company").

2. Duration. The Company shall have perpetual existence, commencing on July 30, 2001, the date of filing the Articles of Organization with the Florida Department of State, unless the Articles of Organization or the operating agreement of the Company provide otherwise.

3. Purpose. The Company is organized for the purpose of transacting all lawful activities and business that may be conducted by a limited liability company under the laws of Florida.

4. Principal Place of Business. The Company's principal place of business is 6700 NW 10th Place, Gainesville, FL 32605.

5. Mailing Address. The Company's mailing address is 10210 Highland Manor Drive, Suite 250, Tampa, FL 33610.

6. Registered Agent and Office. The name of the registered agent of the Company is CT Corporation System. The street address of the registered agent of the Company is 1200 South Pine Island Road, Plantation, FL 33324.

7. Debts and Liabilities. No member of the Company will be liable for the debts and liabilities of the Company.

The undersigned executed these Amended Articles of Organization on the 31ST day of March, 2004, in accordance with §608.411, Florida Statutes.

EPSILON HEALTH CARE PROPERTIES, LLC

By: _____

Authorized Representative

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03-13-2004 PM 2:01