

CT CORPORATION SYSTEM

CORPORATION(S) NAME

**LD10000012595**

Perry Health Care Associates, LLC

APPROVED  
AND  
FILED

01 JUL 30 PM 3:32 DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA 2001 JUL 30 PM 12:11

RECEIVED

NOT RECORDED  
TO AVOID  
SUFFICIENCY OF FILING

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| <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            |   |   |

Name \_\_\_\_\_  
 Availability \_\_\_\_\_  
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 Examiner \_\_\_\_\_  
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 W.P. Verifier \_\_\_\_\_

7/30/01

Order#: 4692626

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\*\*\*\*\*125.00 \*\*\*\*\*125.00

Ref#: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

**7-30-01**

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

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

**ARTICLE I**

Name

The name of the limited liability company is Perry 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 mailing and street 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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TALLAHASSEE, FLORIDA

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*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

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