

CT CORPORATION SYSTEM

CORPORATION(S) NAME

L010000012597

Palm Coast Health Care Associates, LLC

APPROVED
AND
FILED

01 JUL 30 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

2001 JUL 30 PM 12:11

NOT NEEDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

- | | | |
|--|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Other |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Change of RA |
| <input checked="" type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Photocopies | | |
| <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 _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

7/30/01

Order#: 4692626

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

Amount: \$

JP 7-30-01

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

ARTICLES OF ORGANIZATION
OF
PALM COAST HEALTH CARE ASSOCIATES, LLC

ARTICLE I

Name

The name of the limited liability company is Palm Coast 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.

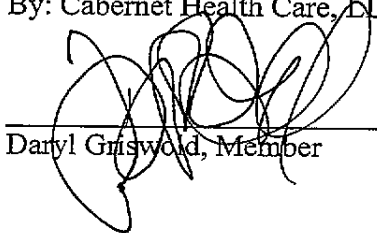
ARTICLE IV

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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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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TALLAHASSEE, FLORIDA

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