08/89/84 Dep **BightFax** Stat lass Page 002 **Division of Corporations** Page 1 of 1

Florida Department of State **Division** of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000162981 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. VISION OF CORPORATION

To:

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

From:

Account Name	; BROAD AND CASSEL (BOCA RATON)	
Account Number	: 076376001555	
Phone	: (561)483-7000	
Fax Number	: (561)218-8960	

LIMITED LIABILITY AMENDMENT

DELTONA HEALTH CARE ASSOCIATES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Manu,

Componate Filing

Rublic Access Helf

Me

11

AUG

0

Â

œ

27

51W 70

هٰ

Broad and Cassel-> Department of State BightFax

Page 801



7777 GLADES ROAD SUITE 300 BOCA RATON, FLORIDA 33434 TELEPHONE: 561.483.7000 FACSIMLE: 561.483.7321 www.broadandcassel.com

TELECOPIER TRANSMITTAL

DATE:	Monday, August 09, 2004 4:11:44 PM	
То:	FL Dept of State	
ADDRESS:		
TELECOPIER PHONE NO.:	1-850-205-0383	
CONFIRMATION PHONE NO.: -		
FROM:	Tracey Testa	•
TOTAL NUMBER OF PAGES:	03 (including cover)	0
CLIENT AND MATTER:	29967-0001	Sint of Sinter
		S OFF
		المالية ف
	MESSAGE:	PH

PLEASE NOTIFY US IMMEDIATELY IF ALL PAGES WERE NOT RECEIVED AT 561.483.7000

FAX OPERATOR:

FIRST ATTEMPT:

SECOND ATTEMPT:

THE INFORMATION CONTAINED IN THIS TRANSMISSION IS ATTORNEY-CLIENT PRIVILEGED AND CONFIDENTIAL. IT IS INTENDED FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE. IF THE READER OF THIS IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPY OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA THE U.S. POSTAL SERVICE. THANK YOU.

BOCA RATON FT. LAUDERDALE MIAMI ORLANDO TALLAHASSEE TAMPA WEST PALM BEACH

Fax Audit Number: H04000162981 3

AMENDED AND RESTATED ARTICLES OF ORGANIZATION OF DELTONA HEALTH CARE ASSOCIATES, LLC (Document # L01000012605)

The Articles of Organization of Deltona Health Care Associates, LLC (the "Company") were filed on July 30, 2001. In accordance with Section 608.411, these Amended and Restated Articles of Organization of Deltona Health Care Associates, LLC have been duly executed and are being filed to amend and restate in their entirety all prior articles of organization filed on behalf of the Company. The Company's Amended and Restated Articles of Organization are as follows:

1. <u>Name</u>. The name of this limited liability company is DELTONA. HEALTH CARE ASSOCIATES, LLC, a Florida limited liability company.

2. <u>Duration</u>. The Company shall have perpetual existence, commonting 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. <u>Purpose</u>. 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. <u>Principal Place of Business</u>. The Company's principal place of business is 1851 Elkcam Boulevard, Deltona, FL 32725.

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

6. <u>Revistered Agent and Office</u>. 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 and Restated Articles of Organization on the 44 day of August, 2004.

EPSILON HEALTH CARE PROPERTIES, LLC

By: Name Patrick Duplantis Title: Authorized Representative

Fax Audit Number: H04000162981 3

INISION OF CORPURATIONS