

# LOI 000001 3375

CT CORPORATION SYSTEM

CORPORATION(S) NAME

Shawnee Health Care Management, LLC

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
AUG 10 2001 10:14 AM  
NOT RECORDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

FILED  
01 AUG 10 PM 1:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
<input type="checkbox"/> Reinstatement	<input type="checkbox"/> Other
<input type="checkbox"/> Annual Report	<input type="checkbox"/> Change of RA
<input type="checkbox"/> Name Registration	<input type="checkbox"/> UCC
<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		

mt  
8/10

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

8/10/01

Order#: 4717568

100004528731--4

-08/10/01--01017--023

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

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

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

**ARTICLES OF ORGANIZATION**  
**OF**  
**SHAWNEE HEALTH CARE MANAGEMENT, LLC**

**ARTICLE I**

Name

The name of the limited liability company is Shawnee Health Care Management, 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

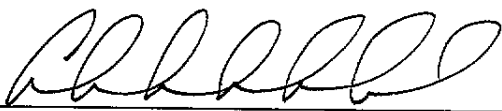
The name and address of the Company's initial registered agent is CT Corporation System, 1200 South Pine Island Road, Plantation, Florida 33324.

**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 9th day of August, 2001.

  
\_\_\_\_\_  
Alan Dahl, Member

FILED  
01 AUG 10 PM 1:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Acceptance as Registered Agent  
For  
Shawnee Health Care Management, LLC**

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 appointment as registered agent and agree to 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



Joan Bolden, Assistant Secretary

FILED  
01 AUG 10 PM 1:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA