

L01000017785  
The Legal Center  
ATTORNEYS AT LAW

October 8, 2001

Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: ST. HELEN HEALTH CARE, L.L.C.

Greetings:

Enclosed please find the original and one copy of the Articles of Organization for the above-named limited liability company along with a check to cover the following expenses:

Filing Fee	\$100.00	800004636748--0
Certificate of Status	8.75	-10/15/01--01065--008
Registered Agent Fee	25.00	****133.75 ****133.75
<b>TOTAL</b>	<b>\$133.75</b>	

Please return the enclosed copy of the articles with your stamp on it showing the filing date.

Cordially yours,

THE LEGAL CENTER

*Kent W. Davis*

Kent W. Davis  
Attorney

10/17  
FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 OCT 15 AM 10:01

KWD/ps  
encls.

6572 Seminole Boulevard, Suite 9  
Seminole, Florida 33772  
Telephone (727) 393-8822  
Fax (727) 398-6965

EFFECTIVE DATE  
10/08/01

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**ARTICLES OF ORGANIZATION**

**FOR**

**ST. HELEN HEALTH CARE, L.L.C.**

**(A Limited Liability Company)**

These Articles of Organization are signed and delivered by the undersigned for the purpose of forming a limited liability company under the laws of the State of Florida.

ARTICLE I. NAME

The name of this limited liability company is:

ST. HELEN HEALTH CARE, L.L.C.

ARTICLE II. PRINCIPAL OFFICE

The mailing address and the street address of the principal office of the limited liability company is:

7087 66<sup>th</sup> St. N.  
Pinellas Park, FL 33781

ARTICLE III. REGISTERED OFFICE AND AGENT

The name and street address of the initial Registered Agent and office of this limited liability company is:

Costas C. Constantinou  
7087 66<sup>th</sup> St. N.  
Pinellas Park, FL 33781

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ARTICLE IV. EXISTENCE

This limited liability company shall become effective on October 8, 2001.

ARTICLE V. MANAGEMENT

This limited liability company shall be managed by one or more managers and is, therefore, a manager-managed company.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 8th day of October, 2001.

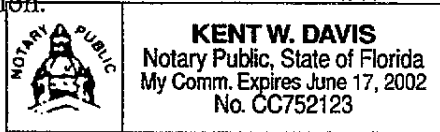
Costas C. Constantinou  
COSTAS C. CONSTANTINO, Member

Member

EFFECTIVE DATE  
10/08/01

STATE OF FLORIDA  
COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me this 8th day of October, 2001, by COSTAS C. CONSTANTINOU, who is personally known to me or who has produced a driver's license as identification.



*Kent W. Davis*  
Notary Public

ACCEPTANCE BY REGISTERED AGENT

Having been named as registered agent for ST. HELEN HEALTH CARE, L.L.C.

at the place designated in this certificate, namely 7087 66<sup>th</sup> St. N., Pinellas Park, FL 33781.

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.

Dated this 8<sup>th</sup> day of October, 2001.

*Costas C. Constantinou*  
Registered Agent  
COSTAS C. CONSTANTINOU

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