

Division of Corporations

L01000008582

Page 1 of 2

Florida Department of State

Division of Corporations

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Katherine Harris, Secretary of State

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To:

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

From:

Account Name : FLORIDA & OFFSHORE BUSINESS FORMATION, INC.
Account Number : I20010000099
Phone : (775) 884-1357
Fax Number : (775) 882-6818

**Note: File after Keys Health Service Management, LLC*

LIMITED LIABILITY COMPANY

Keys Health Service Center, LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

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**ARTICLES OF ORGANIZATION
OF
Keys Health Service Center, LLC
A FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I

Name

The name of the Limited Liability Company is: Keys Health Service Center, LLC.

ARTICLE II

Address

The mailing address and street address of the principal office of the Limited Liability Company is: 91760 Overseas Highway, Tavernier, FL 33070.

ARTICLE III

Registered Agent

The name of the initial resident agent and the initial address of the registered office where process may be served in the State of Florida is: Patricia B. Mull, 200 Ellis Drive, Tavernier, FL 33070.

ARTICLE IV

Management

The Limited Liability Company is to be managed by a manager or managers and the names and addresses of the persons who are to serve as managers are:
Keys Health Service Management, LLC

ARTICLE V

Admission of Additional Members

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be: limited as more particularly described in the Operating Agreement of the Company.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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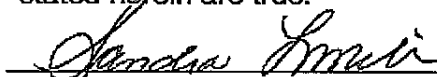
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ARTICLE VI**Members Rights to Continue Business**

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be: limited as more particularly described in the Operating Agreement of the Company

In accordance with section 608.408(3), Florida Statutes, the execution of the document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.



Signature of authorized representative or a member
Sandra L. Miller

Dated: 2 November 2001

01 NOV -5

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TALLAHASSEE, FLORIDA

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507,
FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY
SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE
REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited company is: Keys Health Service Center, LLC
2. The name and address of the registered agent and office is:

Patricia B. Mull
200 Ellis Drive
Tavernier, FL 33070

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.


Patricia B. Mull

Dated: 2 November 2001

01 NOV -5
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I-Name:

The name of the Limited Liability Company is:

Keys Health Service Center, LLC.

ARTICLE II-Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

**The Mailing & Street Address is:
P. O. Box 1737
91760 Overseas Highway
Tavernier, FL 33070**

ARTICLE III-Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street Address of the registered Agent are:

**Patricia B. Mull
200 Ellis Drive
Tavernier, FL 33070**

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 provide for in Chapter 608, F.S.

Registered Agent's Signature

ARTICLE IV-Management (Check box, if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

Keys Health Service Management, LLC
Signature of a member or an authorized representative of a member

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 NOV -5