

CAPITAL CONNECTION, INC.  
417 E. Virginia Street, Suite 200, Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

**L02000015625**

Phoenix Health Care, LLC

200005305112--6  
-06/21/02--01052--013  
\*\*\*\*480.00 \*\*\*\*160.00

**L02-15625**  
**OR**

Signature \_\_\_\_\_

Requested by: SK

Name \_\_\_\_\_ Date 6/21/02 Time 10:00

Walk-In \_\_\_\_\_ Will Pick Up \_\_\_\_\_

174 Ponder's Printing • Thomasville, GA 6/00

\_\_\_\_ Art of Inc. File \_\_\_\_\_  
\_\_\_\_ LTD Partnership File \_\_\_\_\_  
\_\_\_\_ Foreign Corp. File \_\_\_\_\_  
☒ L.C. File \_\_\_\_\_  
\_\_\_\_ Fictitious Name File \_\_\_\_\_  
\_\_\_\_ Trade/Service Mark \_\_\_\_\_  
\_\_\_\_ Merger File \_\_\_\_\_  
\_\_\_\_ Art. of Amend. File \_\_\_\_\_  
\_\_\_\_ RA Resignation \_\_\_\_\_  
\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_  
\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_  
☒ Cert. Copy \_\_\_\_\_  
\_\_\_\_ Photo Copy \_\_\_\_\_  
☒ Certificate of Good Standing \_\_\_\_\_  
\_\_\_\_ Certificate of Status \_\_\_\_\_  
\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_  
\_\_\_\_ Corp Record Search \_\_\_\_\_  
\_\_\_\_ Officer Search \_\_\_\_\_  
\_\_\_\_ Fictitious Search \_\_\_\_\_  
\_\_\_\_ Fictitious Owner Search \_\_\_\_\_  
\_\_\_\_ Vehicle Search \_\_\_\_\_  
\_\_\_\_ Driving Record \_\_\_\_\_  
\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_  
\_\_\_\_ UCC 11 Search \_\_\_\_\_  
\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_  
\_\_\_\_ Courier \_\_\_\_\_

RECEIVED  
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**ARTICLES OF ORGANIZATION  
OF  
PHOENIX HEALTH CARE, LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby make, acknowledge, and file the following Articles of Organization.

**ARTICLE I - NAME:**

The name of the limited liability company shall be:

PHOENIX HEALTH CARE, LLC ("company")

**ARTICLE II - ADDRESS:**

The mailing address and street address of the principal office of the company shall be:

5350 Spring Hill Drive  
Spring Hill, Florida 34606

**ARTICLE III - REGISTERED OFFICE AND AGENT**

The name and street address of the registered agent of the company in the state of Florida is:

Peter A. Napolitano, Esq.  
8406 Massachusetts Avenue  
Suite A-1  
New Port Richey, Florida 34653

*Having been named as the 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.*

  
Peter A. Napolitano, Esq.  
Registered Agent

**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.

  
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.)

PARIKSITH SINGH  
Typed or printed name of signee