

L02000016880

THERESA A. RETH
15 North Magnolia Avenue
Ocala, Florida 3475
Suite 308
(352) 732-7878

June 25, 2002

400006208034--2
-07/05/02--01003--006
****155.00 ****155.00

Department of State
Corporations
P.O. Box 1300
Tallahassee Florida 32302

Re: Articles of Organization of Florida Palliative Home Care of
Lake, Marion & Sumter Counties, L.L.C.

Dear Sir:

L02-16880

Enclosed are the Articles of Organization of Florida Palliative Home Care of Lake,
Marion & Sumter Counties, L.L.C., and Certificate of Registered Agent, with my firm check in
the sum of \$155.00; this includes a filing fee of \$125.00 plus \$30.00 for a certified copy to be
provided to this office.

Very truly yours,


THERESA A. RETH

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
JUL - 3 AM 10:53

TAR/jdk
Enclosures
cc: Alice Privett
Mary Kiefert

W4/5

lep

FF \$125
CC 30

ARTICLES OF ORGANIZATION
OF
FLORIDA PALLIATIVE HOME CARE OF LAKE, MARION &
SUMTER COUNTIES, L.L.C.

The undersigned, hereby forms a limited liability company, under Chapter 608, Florida Statute, providing for the formation, rights, powers, privileges and immunities of limited liability companies; and furthermore, declares that the following Articles shall serve as the Charter and authority for the conduct of business of the limited liability company.

ARTICLE 1.

Name

Name. The name of the limited liability company shall be Florida Palliative Home Care of Lake, Marion & Sumter Counties, L.L.C. (Company).

ARTICLE 2.

Principal Place of Business

The principal place of business of the company shall be 3231 SW 34th Avenue, Ocala, Florida 34474. The mailing address for the company shall be P.O. Box 2378, Ocala, Florida 34478.

ARTICLE 3.

Duration

This limited liability company shall have perpetual existence unless or until dissolved in a manner provided by law or as provided in the Company's Operating Agreement.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 JUL -3 AM 10:53

ARTICLE 4.

Registered Office and Agent

The name and street address of the Registered Agent of the company, in the State of Florida, shall be Theresa A. Reth, 108 N Magnolia Avenue, Suite 318, Ocala, Florida 34475.

ARTICLE 5.

Purposes and Powers

This limited liability company is organized to engage in any and all activity or business authorized under the Florida Statutes. Specifically, this limited liability company is organized to provide health care services to those who are in need of home care.

ARTICLE 6.

Members

The initial member of this company shall be Hospice of Marion County, Inc. No additional member shall be admitted, except with the unanimous written consent of all existing members and on such terms and conditions as shall be determined by all existing members.

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
02 JUL - 2011
AM 10:53

ARTICLE 7.

Transferability of Memberships

No members' interest may be transferred in whole or in part, directly or indirectly, except pursuant to the terms and conditions of the Operating Agreement.

ARTICLE 8.

Management of Business

This company is to be managed by one or more managers and is therefore a manager-managed company, elected as provided in the Operating Agreement of the company.

ARTICLE 9.

Termination of Existence

The company may be dissolved as provided by law, or in the Company's Operating Agreement.

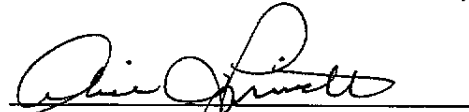
ARTICLE 10.

Liability of Members and Managers

Neither the members of this limited liability company nor the managers of this limited liability company are liable, solely by reason of being a member or serving as a manager, under a judgment, decree, or order of the Court, or in any other manner for a debt, obligation or liability of the limited liability company. The limited liability company shall, pursuant to the terms and conditions of its Operating Agreement, provide for the indemnification of its members and managers.

IN WITNESS WHEREOF, the undersigned organizer has made and subscribed these Articles of Organization at Ocala, Florida, this 34th day of June, 2002.

HOSPICE OF MARION COUNTY, INC.:



By: Alice J. Privett, CEO
Member

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 JUL -3 AM 10:53

STATE OF FLORIDA

COUNTY OF *Marion*

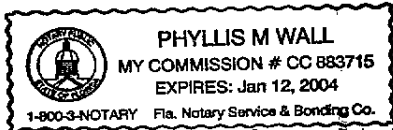
I hereby certify that on this day before me, a Notary Public duly authorized to take acknowledgments, personally appeared Alice J. Privett, to me known to be the person described as Subscriber in and who ~~produced~~ *is personally known* as identification, executed the foregoing Articles of Incorporation, and she acknowledged before me that she subscribed to these Articles of Organization and who [] did ~~did~~ not take an oath.

WITNESS my hand and official seal this *24th* day of *June*, 2002.

Phyllis M. Wall
Notary Public, State of Florida
Phyllis M. Wall

(Seal)

My commission expires: *1/12/04*
CC # 883715



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 JUL -3 AM 10:53

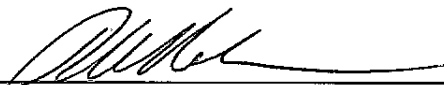
CERTIFICATE OF REGISTERED AGENT-REGISTERED OFFICE OF
FLORIDA PALLIATIVE HOME CARE OF
LAKE, MARION & SUMTER COUNTIES, L.L.C.

Pursuant to the provisions of Section 608.415, Florida Statutes, and Section 608.407(1)(b) Florida Statutes, the Limited Liability Company identified below, submits the following statement in designating its Registered office and Registered Agent in the State of Florida.

The name of the Limited Liability Company is:
Florida Palliative Home Care of Lake, Marion & Sumter Counties, L.L.C.

The name of the Registered Agent for Florida Palliative Home Care of Lake, Marion & Sumter Counties, L.L.C. is: Theresa A. Reth, and the street address where she is located is 108 N Magnolia Avenue, Suite 318, Ocala, Florida 34475.

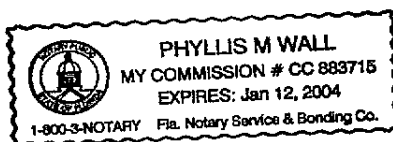
This statement is to acknowledge that, as indicated above, Florida Palliative Home Care of Lake, Marion & Sumter Counties, L.L.C. has appointed me, THERESA A. RETH, as it's Registered Agent to accept service of process for the company at the place designated above in this certificate. I accept this appointment 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.

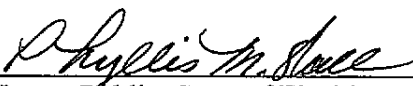

Theresa A. Reth, as Registered Agent
For Florida Palliative Home Care of Lake, Marion & Sumter Counties, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUL -3 AM 10:53

STATE OF FLORIDA
COUNTY OF MARION

The foregoing instrument was acknowledged before me this 25th day June, 2002, by Theresa A. Reth, Agent on behalf of Florida Palliative Home Care of Lake, Marion & Sumter Counties, L.L.C., a Florida Limited Liability Company. Theresa A. Reth is personally known to me and did not take an oath.




Notary Public, State of Florida
Phyllis M. Wall
exp: 1/12/04 CC#883715