

LO2 000024353

DEL NEGRO, JOHN T. VOLUME 1
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225 ASYLUM STREET
HARTFORD, CONNECTICUT 06103-1516

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John T. Del Negro
(860) 241-4142

September 17, 2002

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

200007836032--6
-09/18/02-01070-003
****125.00 ****125.00

Dear Sir or Madam:

Enclosed for filing are Articles of Organization for **NP Care, LLC**. Also enclosed is this firm's check in the amount of \$125.00 to cover the filing fee of \$100.00 and the Designation of Registered Agent in the amount of \$25.00. Please send the acknowledgment letter directly to me at the above address. Thank you for your assistance.

Sincerely,


John T. Del Negro

FILED
02 SEP 18 AM 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enclosures

LO2-24353
JR

**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I: The name of the limited liability company is:

NP Care, LLC

ARTICLE II: The address of the limited liability company is:

**24 Newgate Road
Oxford, CT 06478**

ARTICLE III: The Registered Agent's Name and Address:

**Robert Chess
420 Montclair Drive
Weston, FL 33326**

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 provided for in Chapter 608, F.S.



Registered Agent's Signature

ARTICLE IV: Management (Check 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

(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.)

David M. Chess, M.D.

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 SEP 18 AM 9:25

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