

L03000006056

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

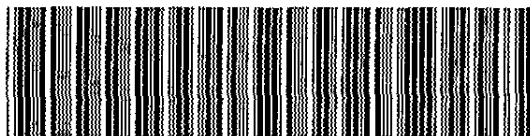
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600011975776

02/19/03--01030--006 **155.00

RECEIVED
03 FEB 19 AM 11:07
STATE
CORPORATIONS
TALLAHASSEE, FLORIDA

03 FEB 19 PM 1:32
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
L03-605
AK

OFFICE USE ONLY(DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. EASTERN INSTITUTE OF HEALTH, L.C.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

Walk in Pick up time 2:00 Certified Copy
 Mail out Will wait Photocopy Certificate of Status

03 FEB 19 PM 1:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

ARTICLES OF ORGANIZATION

OF

EASTERN INSTITUTE OF HEALTH, L.C.

FILED
03 FEB 19 PM 1:38
CLERK OF STATE
TALLAHASSEE, FLORIDA

These Articles of Organization are made for the purpose of organizing a Florida Limited Liability Company under the Florida Limited Liability Company Act (Florida Statutes Chapter 608).

1. **Name:** The name of this limited liability company is EASTERN INSTITUTE OF HEALTH, L.C.
2. **Duration:** The company shall exist from the date of filing these Articles with the Department of State until the occurrence of any of the events specified in Florida Statutes Section 608.441, unless continued by the unanimous consent of all of the remaining members.
3. **Mailing address and street address:** The Company's mailing address is 1290 Weston Road, Suite 306, Weston, Florida 33326. The street address is the same.
4. **Registered agent and office:** The name and street address of the initial registered agent of the Company is Gus Suarez, Esq., 2151 Le Jeune Road, Mezzanine, Coral Gables, Florida 33134-4200.
5. **Additional members:** Additional members to the Company may be admitted, but only if all the current members agree to the admission of the additional members and to the terms of admission.
6. **Termination of membership:** If a member of the Company dies, retires, resigns, is expelled, is dissolved, experiences bankruptcy, or upon the occurrence of any other event, which terminates the continued membership of a member of the Company, the remaining members may, upon unanimous written agreement, continue the business of the Company.
7. **Management of the Company:** The Company shall initially be managed by the following person who shall serve as manager until the first annual meeting of the members or until their successors are elected and qualify:

Geancarlo Marin
1290 Weston Road, Suite 306
Weston, Florida 33326

Thereafter, the Company shall be managed by at least one (1) manager, who shall be elected annually as provided in the regulations.

8. **Regulations:** The members shall have the power to adopt, alter, amend, or repeal regulations of the Company, which provide for the management of the affairs of the Company.
9. **Date of the existence of the Company:** The existence of the Company shall commence on the date of the filing of the Articles of Organization by the Florida Department of State.

The undersigned executed these Articles of Organization effective as of February 2003.



GEANCARLO MARIN

03 FEB 19 PM 1:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

(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.)

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

PURSUANT TO THE PROVISIONS OF SECTION 608.415, 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 liability company is EASTERN INSTITUTE OF HEALTH CARE, L.P.
2. The name and address of the registered agent and office is:

Gus Suarez, Esq.
2151 Le Jeune Road - Mezzanine
Coral Gables, Florida 33134-4200

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.



GUS SUAREZ, ESQ.

Dated this 14th day of February, 2003.

RECEIVED
STATEMENT OF STAFF
ALLAHASSEE, FLORIDA
FEB 19 PM 1:32

FILED