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To:

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

From: Nery C. Toledo, Legal Assistant

Account Name : AKERMAN, SENTERFITT & EIDSON, P.A.
Account Number : 075471001363
Phone : (305) 374-5600
Fax Number : (305) 374-5095

LIMITED LIABILITY COMPANY

HOSPITALIX CARE OF FLORIDA, LLC

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
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DIVISION OF CORPORATION

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**ARTICLES OF ORGANIZATION
OF
HOSPITALIX CARE OF FLORIDA, LLC**

ARTICLE I: - Name

The name of the Limited Liability Company is: **Hospitalix Care of Florida, LLC.**

ARTICLE II: - Address

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

Akerman, Senterfitt & Eidson, P.A.
c/o Martin G. Burkett, Esq.
One Southeast Third Avenue, 28th Floor
Miami, Florida 33131

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

The name and the Florida street address of the registered agent are:

American Information Services, Inc.
One Southeast Third Avenue, 28th FL
Miami, Florida 33131

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.

American Information Services, Inc.


Nery C. Toledo, Assistant Secretary
Registered Agent

Signed and dated this 7th day of April, 2003.


Martin G. Burkett, Esq.
Authorized Representative of a Member

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