

LO3000017149

(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



800018002288

05/09/03--01063--005 \*\*250.00

LA 5/13

FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS  
03 MAY -9 PM 1:22

9/p

**JOHN H. RAINS III, P.A.**  
ATTORNEY AT LAW

501 East Kennedy Boulevard • Suite 750 • Tampa, Florida 33602-5237  
(813) 221-2777 • Fax (813) 221-3737 • [www.johnrains.com](http://www.johnrains.com) • [j rains@johnrains.com](mailto:j rains@johnrains.com)

May 8, 2003

**Via Federal Express**

Department of State  
Division of Corporations  
Corporate Filings  
409 East Gaines Street  
Tallahassee, FL 32399

Re: Southpoint Health Care Associates, LLC  
Wood Lake Health Care Associates, LLC

Dear Sir/Madam:

Enclosed are two executed Articles of Organization for the above two entities together with signed Acceptances by Registered Agent. Also enclosed is our firm's check in the amount of \$250.00 for the filing fees for these articles.

Please contact the undersigned if there are any questions.

Sincerely,



Sandra S. Albee  
Legal Assistant to  
John H. Rains, III

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 MAY -9 PM 1:22

Enc.

cc: Patrick Duplantis (w/enc.)

**ARTICLES OF ORGANIZATION  
OF  
WOOD LAKE HEALTH CARE ASSOCIATES, LLC**

1. Name. The name of this limited liability company is WOOD LAKE HEALTH CARE ASSOCIATES, LLC, a Florida limited liability company (the "Company").

2. Duration. The Company shall have perpetual existence, commencing upon the date of filing of these Articles of Organization with the Florida Department of State, unless these Articles of Organization or the operating agreement of the Company provide otherwise.

3. Purpose. The Company is organized for the purpose of transacting all lawful activities and business that may be conducted by a limited liability company under the laws of Florida.

4. Place of Business. The mailing and street address of the Company's principal office is 6414 13th Road South, West Palm Beach, FL 33415.

5. Registered Agent and Office. The name of the initial registered agent of the Company is CT Corporation System. The street address of the initial registered agent of the Company is 1200 South Pine Island Road, Plantation, FL 33324.

6. Management of the Company. The management of the Company is reserved to one or more managers. Initially, the Company will be managed by Patrick Duplantis and Daryl Griswold.

7. Alpha Health Care Properties, LLC is the sole member.  
The undersigned executed these Articles of Organization on the 8<sup>th</sup>, day of May, 2003.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 MAY - 9 PM 1:22

ALPHA HEALTH CARE PROPERTIES, LLC, Member

By:   
Patrick Duplantis, Authorized Representative

**ACCEPTANCE BY REGISTERED AGENT**

Having been named Registered Agent and designated to accept service of process for Wood Lake Health Care Associates, LLC, at the street address of 1200 South Pine Island Road, Plantation, FL 33324, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties. I am familiar with and accept the obligations of Registered Agent as provided in Chapter 608, Florida Statutes.

  
C T CORPORATION SYSTEM**PETER F. SOUZA**  
**REGISTERED AGENT**

Registered Agent's Signature

Dated: May 7, 2003

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 MAY -9 PM 1:22