

L03000019482

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

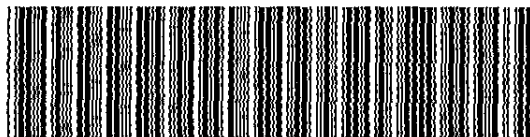
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03 MAY 28 AM 11:35

Administrative Services, LLC

5/30
CWT

SPECTOR GADON & ROSEN, P.C.

NEW JERSEY OFFICE:
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Lianne Barnard
Paralegal

DIRECT DIAL NUMBER
[215] 241-8833

May 27, 2003

Via Overnight Mail
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: Senior Health Management-Gold Coast, LLC

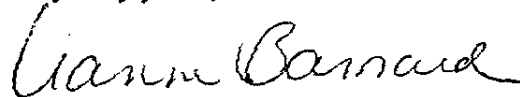
Gentlemen/Ladies:

On behalf of the above-referenced entity, I am transmitting to you herewith for filing the Articles of Incorporation for Florida Limited Liability Company and our firm's check in the amount of \$125.00 for applicable filing fees.

Please note that I have already tried to utilize the Sunbiz E-file account, only to find there were insufficient funds in the account after all of the information had been entered. I am forwarding copies of the Payment Page and the Receipt Page in case this will assist you.

Kindly date-stamp and return the acknowledgement copy to my attention in the enclosed self-addressed stamped envelope.

Very truly yours,



Lianne Barnard
Paralegal

LB/hs
Enc.

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03 MAY 28 AM 11:35
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:
Senior Health Management-Gold Coast, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
100 Second Avenue South, Suite 901S, St. Petersburg, FL 33701

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

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

Bart Wyatt

Name

100 Second Avenue South, Suite 901S

Florida street address (P.O. Box **NOT** acceptable)

St. Petersburg

FL 33701

City, State, and Zip

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.

Bart Wyatt

Registered Agent's Signature

(An additional article must be added if an effective date is requested)

Bart Wyatt

Signature of a member or an authorized representative 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.)

Bart Wyatt

Typed or printed name of signer

Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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MAY 28 AM 11:35
TALLAHASSEE, FLORIDA