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

From:
Account Name : LOWNDES, DROSDICK, DOSTER, KANTOR & REED, P.A.
Account Number : 072720000035
Phone : (407) 843-4600
Fax Number : (407) 843-4444

LIMITED LIABILITY COMPANY

Florida Psychiatric Management, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION
OF
FLORIDA PSYCHIATRIC MANAGEMENT, LLC

ARTICLE I - NAME

The name of this limited liability company is FLORIDA PSYCHIATRIC MANAGEMENT, LLC (the "Company").

ARTICLE II - PRINCIPAL OFFICE


The mailing address and street address of the principal office of the Company is 8627 S.W. 42nd Place, Gainesville, Florida 32608.

ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Company is 215 North Eola Drive, Orlando, Florida 32801 and the name of the initial registered agent of the Company at that address is I. Paul Mandelkern.

ARTICLE IV - MANAGEMENT

The Company is to be managed by one or more members and is, therefore, a member - managed company.



Signature of a Member or an Authorized Representative of a Member

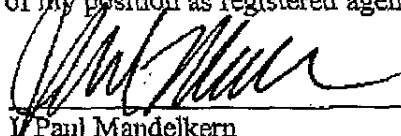
I. Paul Mandelkern

Typed or Printed Name of Signer

03 OCT 23 PM 21:59
STATE OF FLORIDA
SECRETARY OF STATE

ACCEPTANCE OF REGISTERED AGENT

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, Florida Statutes.



I, Paul Mandelkern