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

EFFECTIVE DATE
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From: Account Name : JONES, FOSTER, JOHNSTON & STUBBS, P.A.
Account Number : 076077003231
Phone : (561) 650-0471
Fax Number : (561) 650-0431

LIMITED LIABILITY COMPANY
ATLANTIS DIALYSIS CENTER, LLC

Certificate of Status	0
Certified Copy	1
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**ARTICLES OF ORGANIZATION
OF
ATLANTIS DIALYSIS CENTER, LLC**

ARTICLE I - NAME

The name of the limited liability company is "ATLANTIS DIALYSIS
CENTER, LLC."

EFFECTIVE DATE
1104

ARTICLE II - DURATION

The limited liability company shall exist from the later of: January 1, 2004;
or the date of the filing of the Articles of Organization with the Department of
State until the limited liability company is dissolved in accordance with its
Operating Agreement.

ARTICLE III - PRINCIPAL OFFICE

The mailing address and street address of the principal office of the limited
liability company is:

ATLANTIS DIALYSIS CENTER, LLC
5503 South Congress Avenue, Suite No. 101
Atlantis, FL 33462

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ARTICLE IV - REGISTERED AGENT

The name and address of the initial registered agent of the limited liability
company is:

DAVID E. BOWERS, ESQ.
505 South Flagler Drive, Suite 1100
West Palm Beach, FL 33401

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ARTICLE V - ADDITIONAL MEMBERS

Additional members may be admitted to the limited liability company upon the unanimous agreement of all members of the limited liability company.

ARTICLE VI - CONTINUATION OF BUSINESS

Upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member, or the occurrence of an event which terminates the continued membership of a member in the limited liability company, the business of the limited liability company shall terminate and the limited liability company shall be dissolved, unless a majority of the remaining members of the limited liability company agree to continue the business of the limited liability company.

ARTICLE VII - MANAGEMENT

The limited liability company is to be managed by its members. The name and address of the managing members of the limited liability company:

JOSE F. ARRASCUE, M.D.
JOSHUA BAILIN, M.D.
DAVID HALPERT, M.D.
MARCO G. FARIAS, M.D.
JHON GUZMAN-RIVERA, M.D.
5503 South Congress Avenue, Suite No. 101
Atlantis, FL 33462

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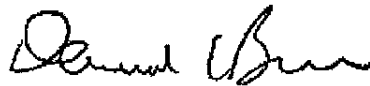
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ARTICLE VIII – AUTHORIZED REPRESENTATIVE

The representative authorized to sign these Articles on behalf of the members is:

DAVID E. BOWERS, ESQ.
505 South Flagler Drive, Suite 1100
West Palm Beach, FL 33401

IN WITNESS WHEREOF, the undersigned member of the limited liability company has executed these Articles of Organization this 23rd day of December, 2003.



DAVID E. BOWERS, ESQ.

STATE OF FLORIDA)
)
COUNTY OF PALM BEACH)

The foregoing instrument was acknowledged before me this 23rd day of December, 2003, by DAVID E. BOWERS, ESQ., who is known personally to me.




Notary Public State of Florida

My Commission Expires:

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**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR
DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE,
AND NAMING AGENT UPON WHOM PROCESS MAY BE SERVED**

In pursuance of Chapter 48.091, Florida Statutes, ATLANTIS DIALYSIS CENTER, LLC, desiring to organize under the laws of the State of Florida with its principal office as indicated in its Articles of Organization in West Palm Beach, County of Palm Beach, State of Florida, has named as its agent to accept service of process within this state:

DAVID E. BOWERS, ESQ.
505 South Flagler Drive, Suite 1100
West Palm Beach, FL 33401

ACKNOWLEDGMENT:

Having been named as the registered agent for the above limited liability company at the place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provisions of laws of the State of Florida relative to keeping open said office.

Dated: December 23, 2003



DAVID E. BOWERS, ESQ.

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