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

501 East Kennedy Boulevard • Suite 750 • Tampa, Florida 33602-5257

(813) 221-2777 • Fax (813) 221-3737 • www.johnrains.com

JOHN H. RAINS III  
MARY JO KUUSELA

January 14, 2004

**Via Federal Express**

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

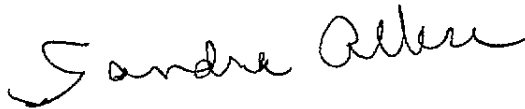
Re: Catalina Health Care Associates, LLC

Dear Sir/Madam:

Enclosed is an original of executed Articles of Organization, together with an executed Acceptance by Registered Agent for Catalina Health Care Associates, LLC. Also enclosed is our firm's check in the amount of \$160.00 for the filing fee, a certificate of status and a certified copy of the record.

Please contact the undersigned if there are any questions.

Sincerely,



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

Enc.

cc: Patrick Duplantis (w/enc.)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION  
OF  
CATALINA HEALTH CARE ASSOCIATES, LLC**

1. Name. The name of this limited liability company is CATALINA 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 85 Bulldog Boulevard, Melbourne, FL 32901.
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. Debts and Liabilities. No member of the Company will be liable for the debts and liabilities of the Company.

The undersigned executed these Articles of Organization on the 12 day of January, 2004.

ALPHA HEALTH CARE ASSOCIATES, LLC, Member

By:   
Authorized Representative

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ACCEPTANCE BY REGISTERED AGENT**

Having been named Registered Agent and designated to accept service of process for Catalina 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**  
ASSISTANT SECRETARY

Registered Agent's Signature

Dated: January 12, 2004

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FALLS  
FLORIDA

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