Electronic Filing Cover Sheet

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(((H040000155853)))

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : KLUGER, PERETZ, KAPLAN & BERLIN, P.A.

Account Number: 119990000171 Phone : (305)379-9000 Fax Number : (305)341-3083

LIMITED LIABILITY COMPANY

DOS of St. Petersburg, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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LO4-5199 A

KLUGER, PERETZ, KAPLAN & \mathbf{B} ERLIN $_{\scriptscriptstyle P.L.}$



January 22, 2004

FAX COVER SHEET

To:

Division of Corporations

Public Access System

Fax:

850-205-0383

Tel.#: 850-245-6939

From: Allison Lichter, Paralegal

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ID#: 3938.0003

Number of Pages: 4, including this cover page. If you need a re-send on any of the pages, please call our operator at (305) 379-9000 as soon as possible. If you do not call, we will assume that all pages were: received correctly.

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Attached you will find an Electronic Filing Cover Sheet and Articles of Organization for Message: filing under the above-referenced fax audit number. Please process this filing at your earliest convenience and do not hesitate to contact me should you have any questions or require additional information.

ARTICLES OF ORGANIZATION

OF

DOS OF ST. PETERSBURG, LLC

The undersigned hereby subscribes to these Articles of Organization to form a limited liability company under the Florida Limited Liability Company Act (the "Act").

ARTICLE I - NAME

The name of the limited liability company shall be DOS of St. Petersburg, LLC (the "Company").

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Company shall be: 300 71st Street, Suite 410, Miami Beach, Florida 33141.

ARTICLE III - REGISTERED OFFICE AND AGENT

The name and street address of the registered agent of the Company in the State of Florida is: Miami Center Registered Agents, LLC, 201 S. Biscayne Boulevard, Suite 1700, Miami, Florida 33131.

ARTICLE IV - MANAGING MEMBER

The name and address of the Managing Member of the Company is:

Name and Address

MGRM

Title

DOS Nursing Home Group, LLC 300 71st Street, Suite 410 Miami Beach, Florida 33141

ena E. Rissman, Authorized Representative

(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.)

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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.

MIAMI CENTER REGISTERED AGENTS, LLC

Vice President

Jorg R Dieders A

OF WHICH CO. ST. C. O.

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