

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

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Sec. Of State  
mhodges

**Article I**

The name of the Limited Liability Company is:

HILLSBOROUGH EXTENDED CARE, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:

120 CHIPOLA AVENUE  
DELAND, FL. 32720

The mailing address of the Limited Liability Company is:

120 CHIPOLA AVENUE  
DELAND, FL. 32720

**Article III**

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS.

**Article IV**

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

NORMAN J GINSPARG  
12221 WEST DIXIE HIGHWAY  
NORTH MIAMI, FL. 33161

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.

Registered Agent Signature: NORMAN GINSPARG

Signature of member or an authorized representative of a member

Signature: MORRIS ESFORMES