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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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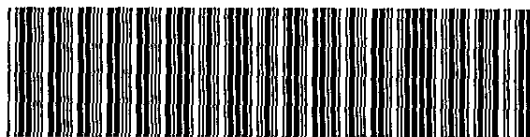
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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**THOMAS GERALD HOLLEY**  
**ATTORNEY AT LAW**

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E-MAIL  
tgholley@digitalexp.com

1282-B Church Avenue  
P.O. Box 268  
Chipley, Florida 32428  
October 15, 2004

OFFICE (850) 638-4317  
FAX (850) 638-3768

Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, Florida 32314

***RE: Southern Family Healthcare, Inc.***

Dear Sirs:

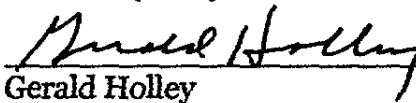
Please file the enclosed Articles of Organization for Southern Family Healthcare, Inc.

Also enclosed is my trust account check in the amount of \$155.00 for your fees, which covers the filing fee, designation of registered agent and certified copy

Please return these to me.

Thank you for your cooperation in this matter.

Yours very truly,

  
Gerald Holley

GH/rh  
Encl.

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04 OCT 18 PM 12:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**TRANSMITTAL LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SOUTHERN FAMILY HEALTHCARE, LLC**  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**WILLIAM MARK GARNEY  
SOUTHERN FAMILY HEALTHCARE, LLC  
1376 BRICKYARD ROAD, SUITE 5  
CHIPLEY, FLORIDA 32428**

For further information concerning this matter, please call:

**WILLIAM MARK GARNEY at (850) 638-4383**

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, Florida 32314

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

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**ARTICLE I- Name:**

The name of the Limited Liability Company is:

**SOUTHERN FAMILY HEALTHCARE, INC.**

**ARTICLE II-Address:**

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

**Principal Office Address:**

**1376 Brickyard Road, Suite 5  
Chipley, Florida 32428**

**Mailing Address:**

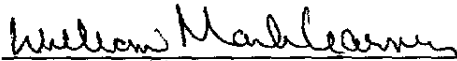
**1376 Brickyard Road, Suite 5  
Chipley, Florida 32425**

**ARTICLE III-Registered Agent, Registered Office, & Registered Agent's Signature:**

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

**WILLIAM MARK GARNEY  
1376 Brickyard Road, Suite 5  
Chipley, Florida 32428**

*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.*



**Registered Agent's Signature**

**ARTICLE IV-Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR"=Manager

"MGRM"=Managing Member

MGRM

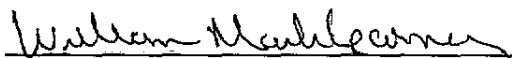
**Name and Address:**

William Mark Garney  
1376 Brickyard Road, Suite 5  
Chipley, Florida 32428

MGRM

Audrey Joyce Garney  
1376 Brickyard Road, Suite 5  
Chipley, Florida 32428

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member

(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.)

**WILLIAM MARK GARNEY**

Signee

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA