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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

TAMIAMI HEALTH CENTER OF PORT CHARLOTTE, LLC

Certificate of Status	0
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**ARTICLES OF ORGANIZATION
OF**

2004 OCT 27 P 12:33

TAMIAMI HEALTH CENTER OF PORT CHARLOTTE, LLC
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE 1 - NAME

The name of the Limited Liability Company is **TAMIAMI HEALTH CENTER OF PORT CHARLOTTE, LLC**, (hereinafter, "Limited Liability Company")

ARTICLE 2 - ADDRESS

The street address of the principal office of this Limited Liability Company shall be:
2625 Tamiami Trail, Port Charlotte, FL 33952

The mailing address of the principal office of this Limited Liability Company shall be:
P.O. Box 494661, Port Charlotte, FL 33949-4661

ARTICLE 3 - REGISTERED OFFICE AND REGISTERED AGENT

The name and street address of the registered agent of this Limited Liability Company is:

Lance K. Poulsen, 2625 Tamiami Trail, Port Charlotte, FL 33952

The mailing address of the registered agent of this Limited Liability Company is:
P.O. Box 494661, Port Charlotte, FL 33949-4661

**ACCEPTANCE OF REGISTERED AGENT DESIGNATED
IN ARTICLES OF ORGANIZATION**

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.

By: Lance K. Poulsen
Lance K. Poulsen, Registered Agent

By: Lance K. Poulsen
Lance K. Poulsen, Organizing Member

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