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To:

Division of Corporations

Fax Number

: (850)205-0383

Aucount Name Ascount Number : 104662003400

faone Cax Number

LIMITED LIABILITY COMPANY

Quality Care Management of North Central Florida LLC

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Electronic Filing Monu,

Corporate Filing

Public Access Help,

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ARTICLES OF ORGANIZATION **FOR**

FLORIDA LIMITED LIABILITY COMPANY

ARTICL	EI.	- Name
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The name of the Limited Liability Company is: Quality Care Management of North Central Florida, LLC

ARTICLE II - Address

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

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature The name and Florida street address of the registered agent are: Norma Cole Name 500 State Road 436, Suite 2050 (P.O. Box or Mail Drop Box NCT Acceptable) CasselBerry, FL 32707 (City / State / Zip) 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, F.S. Registered Agent's Signature - Norma Cole	Principal Office Address:	Mailing Address:
ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature The name and Florida street address of the registered agent are: Norma Cole Name 500 State Road 436, Suite 2050 (R.O. Box or Mail Drop Box NOT Acceptable) CasselBerry, FL 32707 (City / State / Zip) 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, F.S.	613 St. Johns Avenue, Suite 209	613 St. Johns Avenue, Suite 209
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or the second of	K	gistered Agent's Signature - Norma Cole

	er(s) or Managing Member(s): ch Manager or Managing Member is as follows:)
<u>Title:</u> "MGR"=Manager "MGRM"=Managing Men	Name and Address:	
MGR	Norma Cole-305 E. Orange Street, Altamonte Springs, FL 32701	
MGR	Lolether Crooms- 506 E. Grand Rondo, Crescent, FL 32112	
		
(Use attachment if necessary REQUIRED SIGNATUR		
Sig	nature of a member or authorized representative of a member.	
docur	ecordance with section 608.408(3), Florida Statutes, the execution of this ment constitutes an affirmation under the penalties of perjury that the facts I herein are true.)	
	Norma Cole	
	Typed or printed name of signee	