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(Address)
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PICK-UP WAIT MAIL
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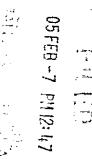




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TRANSMITTAL LETTER

TO: Registration Section

Division of Corporations

SUBJECT: APOLLO HEALTH CARE, LLC

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

Please return all correspondence concerning this matter to the following:

Christopher M. Riser RISER ADKISSON LLP 1827 POWERS FERRY ROAD Building One, Suite 200 Atlanta, Georgia 30339 (404) 942-3533

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

APOLLO HEALTH CARE, LLC

ARTICLE II - Address:

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

5350 Spring Hill Drive Spring Hill, Florida 34606

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

Agnes Augello 5350 Spring Hill Drive Spring Hill, Florida 34606

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

05 FFR -7 PH 12: Iu

The name and address of each Manager of Title: "MGR" = Manager "MGRM" = Managing Member	r Managing Member is as follows: Name and Address:
MGR	AURO S MANAGEMENT, LLC 5350 Spring Hill Drive Spring Hill, Florida 34606
(Use attachment if necessary)	
NOTE: An additional article must be a	dded if an effective date is requested.
(In accordance with section of this document constitutes	an authorized representative of a member. 10 608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury acts stated herein are true.)
PARIKS	TH SINGH or printed name of signee

Filing Fees:
\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)