

APR-29-2005 10:45

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Florida Department of State  
Division of Corporations  
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To:

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From:

Account Name : SHUMAKER, LOOP & KENDRICK LLP  
Account Number : 075500004387  
Phone : (813)229-7600  
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05 APR 29 PM 12:24  
DIVISION OF CORPORATIONS

**LIMITED LIABILITY COMPANY**

**Northside Community Care, LLC**

Certificate of Status	1
Certified Copy	0
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Estimated Charge	\$130.00

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**ARTICLES OF ORGANIZATION  
NORTHSIDE COMMUNITY CARE, LLC**

**ARTICLE I - Name:**

The name of the Limited Liability Company is **Northside Community Care, LLC.**

**ARTICLE II - Address:**

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

12512 Bruce B. Downs Blvd.  
Tampa, FL 33612

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 27<sup>th</sup> day of April, 2005.

  
\_\_\_\_\_  
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.)

Paul R. Lynch  
\_\_\_\_\_  
Typed or printed name of signer

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

FILED

10/29/09 10:32

STATE  
OF FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE  
UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING  
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN  
THE STATE OF FLORIDA.

1. The name of the limited liability company is Northside Community Care, LLC.
2. The name and the Florida street address of the registered agent are:

NRAI Services, Inc.  
2731 Executive Park Drive, Suite 4  
Weston, FL 33331

*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.*

Alison Hand, ASST SEC  
At 7626 Signature