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Florida Department of State
Division of Corporations
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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Homecare of Central Florida, LLC

Certificate of Status	1
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Estimated Charge	\$160.00

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Articles of Organization of **HEMOCARE OF CENTRAL FLORIDA, LLC,**

a Florida Limited Liability Company

The undersigned, **Terry Demarest**, desires to form a limited liability company pursuant to the Florida Limited Liability Company Act. As one of the members of the proposed limited liability company, he does hereby make and file these Articles of Organization, and hereby declares and affirms:

ARTICLE I: Name

The name of the limited liability company ("Company") is **HomeCare of Central Florida, LLC**, a Florida Limited Liability Company

ARTICLE II: Duration

The period of duration for the Company is perpetual, beginning on the date these Articles of Organization are filed by the Florida Department of State.

ARTICLE III: Street Address and Mailing Address

The street address of the Company's principal office is 220 47th Street NW, Bradenton, Florida. The mailing address of the Company's principal office is 220 47th Street NW, Bradenton, FL 34209.

ARTICLE IV: Registered Agent and Office

The name of the Company's initial registered agent for service of process in the State of Florida is **Terry Demarest**. His mailing address is 220 47th Street NW, Bradenton, FL 34209; His street address is 220 47th Street NW, Bradenton, Florida.

ARTICLE V: Admission of New Members

Members of the Company have the right to admit new members. Additional members may be admitted only on the unanimous written consent of the existing members, and the existing members shall determine the amount and nature of contributions by new members at the time the new members are admitted.

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**ARTICLE VI:
Continuation Provisions**

The remaining members of the Company have the right to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event that terminates the continued membership of a member in the Company. The business may be continued only on the unanimous written consent of the remaining members.

**ARTICLE VII:
Additional Provisions**

The power to adopt, alter, amend, or repeal the regulations of the Company is vested entirely in the members of the Company.

For the purpose of forming the proposed limited liability company above-named to do business both within and without the State of Florida, and in pursuance of the Florida Limited Liability Company Act, the undersigned entity does make and file these Articles of Organization this 7th day of March, 2006, hereby declaring and certifying that the matters above stated are true, and accordingly I have hereunto set my hand and seal.

 (SEAL)
Terry Demarest

STATE OF FLORIDA
COUNTY OF MANATEE

The foregoing instrument was acknowledged before me this 7th day of March, 2006, by Terry Demarest, who

_____ is personally known to me; or
☒ produced a driver's license issued by the State of Florida Department of
Highway Safety and Motor Vehicles as identification; or
_____ produced the following identification: _____.

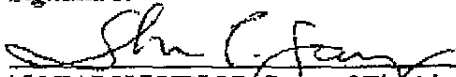
and did not take an oath

(Affix Notary Seal)



Sherri P. Gay
Commission # DD092016
Expires March 20, 2006
Bonded Thru
Atlantic Bonding Co. Inc.

Signature:


NOTARY PUBLIC, State of Florida at Large
Typed name: Sherri P. Gay
My Commission Expires: _____
My Commission No.: _____

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DIVISION OF CORPORATION

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned Limited Liability Company submits the following statement in designating the registered office/registered agent, in the State of Florida:

1. The name of the limited liability company is **HEMOCARE OF CENTRAL FLORIDA, LLC.**
2. The name and street address of the registered agent and office is:

Terry Demarest
220 47th Street NW
Bradenton, FL 34209

Having been named as registered agent and to accept service of process for the above-named 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.

DATED this 7th day of March, 2006.


Terry Demarest, Registered Agent


STATE OF FLORIDA
COUNTY OF BRADENTON

The foregoing instrument was acknowledged before me this 7th day of March, 2006, by **TERRY DEMAREST**, who

_____ is personally known to me; or
☒ produced a driver's license issued by the State of Florida Department of Highway
Safety and Motor Vehicles as identification; or
_____ produced the following identification: _____

and did not take an oath.

Signature:


NOTARY PUBLIC, State of Florida at Large
Typed name: Sherri P. Gay
My Commission Expires: _____
My Commission No.: _____

(Affix Notary Seal)



Sherri P. Gay
Commission # DD092016
Expires March 20, 2006
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