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Florida Department of State  
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From:

Account Name : SHUMAKER, LOOP & KENDRICK LLP  
Account Number : 075500004387  
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DIVISION OF CORPORATIONS

**FLORIDA/FOREIGN LIMITED LIABILITY CO.  
CASCO-PINELLAS LONG TERM CARE PARTNERSHIP, LLC**

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|-----------------------|----------|
| Certificate of Status | 1        |
| Certified Copy        | 0        |
| Page Count            | 02       |
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**ARTICLES OF ORGANIZATION  
PASCO-PINELLAS LONG TERM CARE PARTNERSHIP, LLC**

**ARTICLE I – Name:**

The name of the Limited Liability Company is: Pasco-Pinellas Long Term Care Partnership, LLC.

**ARTICLE II – Address:**

The street and mailing address of the principal office of the Limited Liability Company is: 14041 ICOT Blvd., Clearwater, Florida 33760.

**ARTICLE III – Registered Agent and Registered Office:**

The name and the Florida street address of the registered agent are:

Michael Bernstein  
14041 ICOT Blvd.  
Clearwater, Florida 33760

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 24th day of March, 2006.

  
\_\_\_\_\_  
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 signee

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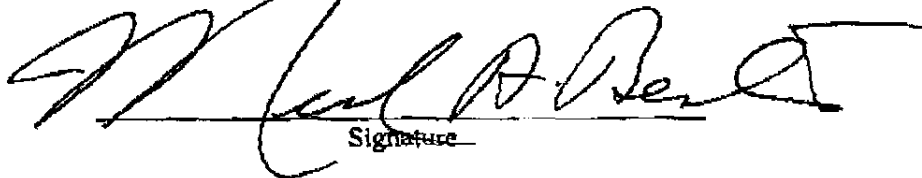
**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

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

1. The name of the limited liability company is: **Pasco-Pinellas Long Term Care Partnership, LLC.**
2. The name and the Florida street address of the registered agent are:

Michael Bernstein  
14041 ICOT Blvd.  
Clearwater, Florida 33760

*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.*

  
Signature

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