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| Certified Copies | · Certificates | s of Status |
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ATTORNEYS AT LAW

June 12, 2006

SUITE 600 301 South Bronough St. (32301) POST OFFICE BOX 11189

TALLAHASSEE, FL 32302-3189

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TEL 850-222-7717 JACKSONVILLE TEL 850-577-9090

KEY WEST FAX 850-222-3494

LAKELAND FAX 850-577-3311 gray-robinson.com MELBOURNE

> NAPLES ORLANDO

TALLAHASSEE

E-MAIL ADDRESS

mwilkinson@gray-robinson.com TAMPA

VIA HAND DELIVERY

Florida Department of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

Lakeview Terrace Home Health Services, LLC

Our File No. 5272-27

Dear Madam or Sir:

Enclosed for filing is an original and one (1) copy of the Articles of Organization of Lakeview Terrace Home Health Services, LLC. Please file these Articles and issue a Certified Copy. A check in the amount of \$155.00 is enclosed. Upon receipt of this request, please datestamp the copy of this letter attached, and call me when the certified copy is ready for pick-up.

Thank you for your assistance in this matter.

Sincerely,

Mair-Johnes William Mari-Jo Lewis-Wilkinson

Paralegal

Enclosures

33890 vl

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LAKEVIEW TERRACE HOME HEALTH SERVICES, LLC

ARTICLE II - Address:

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

1095 WEST MORSE BOULEVARD WINTER PARK, FLORIDA 32789

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

MICHAEL E. NEUKAMM 301 E. PINE STREET, SUITE 1400 ORLANDO, FL 32801

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..

ARTICLE IV - Management:

The Limited Liability Company is to be managed by one or more managers and is, therefore, a "managermanaged" limited liability company.

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.

MICHAEL E. NEUKAMM

Typed 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)