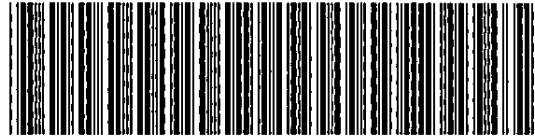


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SUFFICIENCY OF FILING



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 870217 4337594

AUTHORIZATION :

COST LIMIT : \$125.00

*Spuddean*

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07 APR 26 AM 9:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : April 26, 2007

ORDER TIME : 2:05 PM

ORDER NO. : 870217-005

CUSTOMER NO: 4337594

DOMESTIC FILING

NAME: CATALINA GARDENS HEALTH CARE ASSOCIATES, LLC

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman - EXT. 2908

EXAMINER'S INITIALS: \_\_\_\_\_

**ARTICLES OF ORGANIZATION  
OF  
CATALINA GARDENS HEALTH CARE ASSOCIATES, LLC**

**FILED**  
07 APR 26 AM 9:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. **Name.** The name of this limited liability company is CATALINA GARDENS HEALTH CARE ASSOCIATES, LLC (the "Company")
2. **Duration.** The Company shall have perpetual existence, commencing on the date of filing the Articles of Organization with the Florida Department of State, unless the Articles of Organization or the operating agreement of the Company provide otherwise.
3. **Purpose.** The Company is organized for the purpose of transacting all lawful activities and business that may be conducted by a limited liability company under the laws of Florida.
4. **Principal Place of Business.** The Company's principal place of business will be 85 Bulldog Boulevard, Melbourne, Florida 32901.
5. **Mailing Address.** The Company's mailing address is 10210 Highland Manor Drive, Suite 270, Tampa, Florida 33610.
6. **Registered Agent and Office.** The name of the registered agent of the Company is Corporation Service Company. The street address of the registered agent of the Company is 1201 Hays Street, Tallahassee, Florida 32301.
7. **Member.** The sole member of the Company is Alpha Health Care Properties, LLC. The street address of the member is 10210 Highland Manor Drive, Suite 270, Tampa, Florida 33610.
8. **Debts and Liabilities.** No member of the Company will be liable for the debts and liabilities of the Company.

The undersigned has executed these Articles of Organization as of the 24 day of April, 2007.

ALPHA HEALTH CARE PROPERTIES, LLC

By: Tracy C. Cosby  
Name: Tracy C. Cosby  
Title: Authorized Representative

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

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, 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:

CATALINA GARDENS HEALTH CARE ASSOCIATES, LLC

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

CORPORATION SERVICE COMPANY

(Name)

1201 HAYS STREET

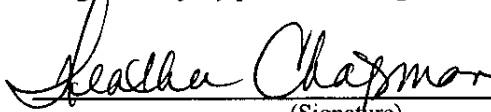
Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

TALLAHASSEE

FL 32301

City/State/Zip

*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.*

  
**Heather Chapman**  
as its agent

(Signature)

\$ 100.00 Filing Fee for Application  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (optional)  
\$ 5.00 Certificate of Status (optional)