Division of Corporations

L07000101516

Florida Department of State
Division of Corporations
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AMS Dialysis Holdings, LLC

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

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Certificate of Status	0
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Page Count	03
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PAGE(S)	03
RESULT	OK
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TRANSMISSION VERIFICATION REPORT

TIME : 10/01/2007 10:54
NAME : CT CORP
FAX : 8502227615
TEL : 8502221092
SER.# : BROH3J606161

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

AMS Dialysis Holdings, LLC
(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
8333 North Davis Highway	8333 North Davis Highway
Pensacola, FL 32514	Pensacola, FL 32514

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Linda Stallings, M.D.
Name

8333 North Davis Highway
Florida street address (P.O. Box NOT acceptable)

Pensacola, FL 32514
City, State, and 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, F.S.

Linda Stallings MD
Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	George Antonious, M.D. 8878 Scenic Hwy Pensacola, FL 32514
MGRM	Linda Stallings, M.D. 9500 Scenic Hwy Pensacola, FL 32514
MGRM	Katharina Meyer, M.D. 9486 Miflin Creek Road Elberta, AL 36530

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If no effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Linda Stallings, MD
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.)

Linda Stallings, M.D.
Typed or printed name of signee

Filing Fees:

$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
$ 30.00 Certified Copy (Optional)
$ 5.00 Certificate of Status (Optional)