

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L09000100172  
FILED 8:00 AM  
October 16, 2009  
Sec. Of State  
nculligan

**Article I**

The name of the Limited Liability Company is:

SEASONS PALLIATIVE CARE OF PINELLAS COUNTY, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:

6400 SHAFER COURT  
SUITE 700  
ROSEMONT, IL. 60018

The mailing address of the Limited Liability Company is:

6400 SHAFER COURT  
SUITE 700  
ROSEMONT, IL. 60018

**Article III**

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS.

**Article IV**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL. 32301

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.

Registered Agent Signature: PAULA S. COLLINS

### **Article V**

The name and address of managing members/managers are:

Title: MGRM  
SEASONS HEALTHCARE MANAGEMENT, INC.  
6400 SHAFER COURT, SUITE 700  
ROSEMENT, IL. 60018

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### **Article VI**

The effective date for this Limited Liability Company shall be:

10/16/2009

Signature of member or an authorized representative of a member

Signature: ABRAHAM J. STERN