

L100000127271

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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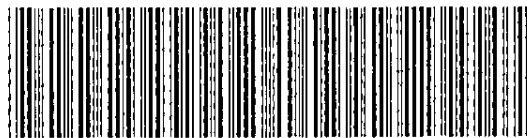
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

10 DEC 13 AM 10:42

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EXAMINER

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SECRETARY OF STATE
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10 DEC 13 PM 12:49



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 606808 9666A

AUTHORIZATION:

COST LIMIT : \$ 125.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 DEC 13 PM 12:49

ORDER DATE : December 13, 2010

ORDER TIME : 10:11 AM

ORDER NO. : 606808-025

CUSTOMER NO: 9666A

DOMESTIC FILING

NAME: OCALA EAST DIALYSIS LLC

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret - EXT. 2949

EXAMINER'S INITIALS: _____

**ARTICLES OF ORGANIZATION
FOR
OCALA EAST DIALYSIS LLC,
A FLORIDA LIMITED LIABILITY COMPANY**

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**ARTICLE I.
NAME**

The name of the Limited Liability Company is "Ocala East Dialysis LLC", a Florida limited liability company (the "Company").

**ARTICLE II.
ADDRESS**

The mailing address and street address of the principal office of the Company is 2980 SE 3rd Court, Ocala, FL 34471-7445.

**ARTICLE III.
DURATION**

The period of duration for the Company shall be perpetual unless the Company is earlier dissolved in accordance with either the provisions of the *Florida Limited Liability Company Act*, Sections 608.401 through 608.514 of the *Florida Statutes Annotated* (the "Act") or the Company's Operating Agreement among the members (the "Operating Agreement").

**ARTICLE IV.
MANAGEMENT**

The Limited Liability Company is to be managed by a manager or managers.

**ARTICLE V.
PURPOSE**

The purpose for which the Company is being organized is to acquire, own, manage, lease, operate, and subsequently resale, real estate, and to own such personal property, including equipment, furniture and fixtures, tangible or intangible personal property, of whatever kind or nature, necessary to carry out any of the foregoing, and otherwise to transact any other lawful business approved by the member of the Company and for which a limited liability company may be formed under the laws of the State of Florida.

**ARTICLE VI.
MEMBERS' RIGHTS TO CONTINUE BUSINESS**

The right of the remaining members of the Company to continue the business on the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Company shall be upon the consent of all of the remaining members in accordance with the terms and conditions of

**ARTICLES OF ORGANIZATION
FOR
OCALA EAST DIALYSIS LLC
A FLORIDA LIMITED LIABILITY COMPANY**

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the Operating Agreement to continue the business of the Company, provided that there is at least one (1) remaining member.

**ARTICLE VII.
AMENDMENTS**

The Company reserves the right to amend, alter, change or repeal any provision contained in these Articles of Organization, in the manner now or hereafter prescribed by the Act.

IN WITNESS WHEREOF, the undersigned, being an authorized representative of the member of the Company, has hereunto set his hand this 10th day of December, 2010.


TIM D. HAINES


**STATE OF FLORIDA
COUNTY OF MARION**

The foregoing ARTICLES OF ORGANIZATION were acknowledged before me by TIM D. HAINES, as an authorized representative of the member of the above named limited liability company, who is:

X personally known by me; OR
_____ produced a driver's license as identification.

Dated: this 10th day of December, 2010.




Print Name: _____
Notary Public, State of Florida
Commission number _____
Commission expires _____

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 IN DESIGNATING THE REGISTERED OFFICE/ REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: *Ocala East Dialysis LLC.*
2. The name and address of the registered agent and office is:

Tim D. Haines
125 NE 1st Avenue, Ste. 1
Ocala, FL 34470

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.



TIM D. HAINES

Date: December 10th, 2010