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From: Carrie Ramos, Paralegal, please fax confirmation to 407 244-5690

Account Name : GRAYROBINSON, P.A. - ORLANDO

Account Number : I20010000078 : (407)843-8880 Phone Fax Number : (407)244-5690

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### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN INTERIM HEALTHCARE OF OCALA, LLC

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# AMENDED AND RESTATED ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### INTERIM HEALTHCARE OF OCALA, LLC

INTERIM HEALTHCARE OF OCALA, LLC (the "Company") filed its original Articles of Organization with the Florida Department of State on July 2, 2012, with an effective date of July 1, 2012 (the "Original Articles") and was assigned document number L12000086504. These Amended and Restated Articles of Organization were duly executed and are being filed in accordance with Section 608.411 Florida Statutes, and amend and restate the Original Articles as follows:

#### ARTICLE I Name

The name of this Limited Liability Company is: INTERIM HEALTHCARE OF OCALA, LLC

## ARTICLE II Address

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

2010 NE 14<sup>th</sup> Street Bldg. 100 Ocala, FL 34470

The mailing address of this Limited Liability Company is:

1890 State Road 436 Suite 300 Winter Park, FL 32792 SECRETARY OF STATE, TAUL AN ASSEC, FLORIDA

#### ARTICLE-III

#### Purpose

This Limited Liability Company is organized for the purpose of transacting any or all lawful business for which limited liability companies may be organized under Chapter 608, Florida Statutes.

### ARTICLE IV Management

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

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### ARTICLE V Board of Managers

This Limited Liability Company shall have two (2) managers initially. The number of managers may be either increased or decreased from time to time in accordance with the Operating Agreement of this Limited Liability Company, but shall never be less than one.

The name and address of the initial managers of this Limited Liability Company are as follows:

Name
Street Address

Kenneth Schultz
1890 State Road 436, Suite 300
Winter Park, FL 32792

Gregory Schultz
1890 State Road 436, Suite 300
Winter Park, FL 32792

ARTICLE VI

Registered Agent, Registered Office & Registered Agent's Signature

The name and the Florida street address of the Registered Agent of this Limited Liability Company

Kenneth Schultz 1890 State Road 436 Suite 300 Winter Park, FL 32792

Having been appointed as registered agent to accept service of process for this limited liability company at the place so designated in these Amended and Restated Articles of Organization, I hereby accept this appointment and agree to serve this Limited Liability Company in this capacity. I am familiar with and accept the obligations of my position as the registered agent for this Limited Liability Company, as provided for in Chapter 608, Florida Statutes.

REGISTERED AGENT'S SIGNATURE

In accordance with Section 608.408(3), *Florida Statutes*, the execution of these Amended and Restated Articles of Organization constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

SIGNATURE OF A MEMBER OR AUTHORIZED REPRESENTATIVE OF A MEMBER

Kenneth Schultz

Typed or printed name