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Division of Corporations Page 1 of 1

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FLORIDA LIMITED LIABILITY CO.  
SALUSCARE, LLC

Certificate of Status	0
Certified Copy	1
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**ARTICLES OF ORGANIZATION  
OF  
SALUSCARE, LLC**

**ARTICLE I-NAME**

The name of the limited liability company shall be SALUSCARE, LLC (the "Company").

**ARTICLE II-MAILING AND STREET ADDRESS**

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

1715 Monroe Street  
Fort Myers, Florida 33901

The mailing address of the principal office of the Company is:

P.O. Box 280  
Fort Myers, Florida 33902-0280

**ARTICLE III-EFFECTIVE DATE**

This limited liability company's existence shall commence upon the filing of these Articles and shall terminate as provided for in the Operating Agreement.

**ARTICLE IV-INITIAL REGISTERED AGENT AND OFFICE**

The name and street address of the initial registered agent of the Company are:

<u>Name</u>	<u>Address</u>
HF REGISTERED AGENTS, LLC	1715 Monroe Street Fort Myers, Florida 33901

**ARTICLE V-PURPOSE**

The Company shall have unlimited power to engage in and do any lawful act concerning any or all lawful businesses for which limited liability companies may be organized according to the laws of the State of Florida, including all powers and purposes now and hereafter permitted by law to a limited liability company.

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**ARTICLE VI-MANAGEMENT OF THE COMPANY**

Management of the Company is reserved to the Members and each Member shall act as a Managing Member. The name and address of the initial Managing Member is:

**Name****Address**

GUY E. WHITESMAN

1715 Monroe Street  
Fort Myers, Florida 33901**ARTICLE VII-OPERATING AGREEMENT**

The Members shall have the power to adopt, alter, amend, or repeal the Operating Agreement of the Company containing provisions for the regulation and management of the affairs of the Company..

The undersigned, being a Member of the Company, has executed these Articles of Organization this 21<sup>st</sup> day of February, 2013.

  
GUY E. WHITESMAN, Member

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

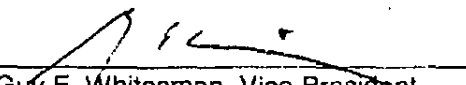
PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: SALUSCARE, LLC.
2. The name and address of the registered agent and office are:

HF Registered Agents, LLC  
1715 Monroe Street  
Fort Myers, Florida 33901

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.

HF REGISTERED AGENTS, LLC,  
Registered Agent

By:   
Guy E. Whitesman, Vice President

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