

6/05/2014 14:59 FAX  
Division of Corporations Page 1 of 2  
**H14000090666**

Florida Department of State  
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Email Address: dholmes@farr.com

FLORIDA LIMITED LIABILITY CO.  
Skilled Nursing Care Medical Group, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I — Name:

The name of the Limited Liability Company is:

Skilled Nursing Care Medical Group, LLC

ARTICLE II — Address:

The mailing address and street address of the principal office of the Limited Liability Company are:

Mailing Address: c/o David A. Holmes  
Farr, Farr, Emerich, Hackett and Carr, P.A.  
99 Nesbit Street  
Punta Gorda, Florida 33950

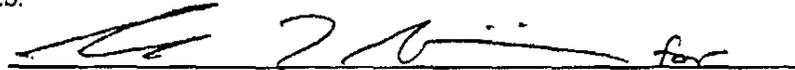
Street Address: 99 Nesbit Street  
Punta Gorda, FL 33950

ARTICLE III — Registered Agent, Registered Office, & Registered Agent's Signature:

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

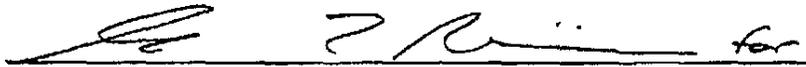
David A. Holmes  
99 Nesbit Street  
Punta Gorda, Florida 33950

*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 605, F.S.*

  
David A. Holmes, Registered Agent

ARTICLE IV — Management

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager – managed company.

  
David A. Holmes, Authorized Representative of a Member

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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