

6/05/14 14:59 FAX
Division of Corporations
Page 1 of 2
L14000090666

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000129167 3)))



H140001291673ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : THE FARR LAW FIRM
Account Number : 103654001666
Phone : (941) 639-1158
Fax Number : (941) 639-0028

FILED
14 JUN -5 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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

RECEIVED
14 JUN -5 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

((H14000129167 3)))

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.)

((H14000129167 3)))

FILED
14 JUN -5 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA