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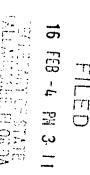
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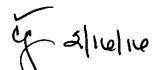
Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Moore Heathcare Associates, LLC Name of Limited Liability Company	,
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Cindy F. Moore Name of Person	
Moore Healthcare Assoc.	
134 Ocean Ter Address	
Ormand Beach, FL 32176 City/State and Zip Code Cindy Fmoore @ CFl. rr. Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Cindy Moore at (386) 760-0079 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	ed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

16 FEB -4 PM 3. 11

ARTICLE I - Name:

The name of the Limited Liability Company is:

Moore Healthcare Associates, LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
134 Ocean Terrace	134 Ocean Terrace
Ormond Beach, FL 32176	Ormand Beach, FL 32176

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Cynth	ia. F	. Mo	ore
<i>1</i>	lame		
134 0	cean-	Terra	ce_
Florida street address (I	P.O. Box <u>NO</u>	T acceptal	ole)
Ormand	Beach	FL	32176
City	State		Zip

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be licument's effective date on the Department of State's records.	(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:		
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CLE V: Effective date, if other than the date of filing:	CLE V: Effective date, if other than the date of filing:		<u> </u>
REOUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in authorized representative of a member. I am aware that any false infortwation submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Typed or printed name of signee	effective date is listed, the date must be specific and cannot be more than five business days to of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this cument's effective date on the Department of State's records. CLE VI: Other provisions, if any. REOURED SIGNATURE: Signature of a member or an authorized representative of a memb This document is executed in accordance with section 605.0203 (1) (b), Floring a may a may be a member or an authorized representative of a member or an authorized representative of a member of a member of a member or an authorized representative of a member of a member or an authorized representative of a member of a member or an authorized representative of a member of a member or an authorized representative of a member or an authorized represe		
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