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From:

Account Name : BAKER & HOSTETLER LLP

Account Number : 119990000077 : (407)649-4016

Fax Number : (407)841-0168

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# FLORIDA LIMITED LIABILITY CO.

Mobile Visiting Practitioners, LLC

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is: MOBILE VISITING PRACTITIONERS, LLC

#### ARTICLE II - Address:

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

140 South Beach Street, Suite 202 Daytona Beach, FL 32114

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

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

David L. Schick, Esq. Name

SunTrust Center, Suite 2300 200 South Orange Avenue Florida street address (P.O. Box NOT acceptable)

> Orlando, Florida 32801 City, State, and 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 jamiliar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

Registered Agent's Signature: David L. Schick, Esq.

#### Article IV - Management:

The Company shall be manager-managed.

Schick, Authorized Representative

Signature of a member or an authorized representative of a member.

(In accordance with Chapter 605, Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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