Florida Department of State

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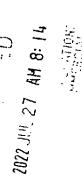
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Account Name : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.

Account Number : I1999000006 Phone : (407)425-7010 Fax Number : (407)425-2747

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

Email Address: REGISTEREDAGENT@ZKSRASERVICES.COM



FLORIDA LIMITED LIABILITY CO. MAINSTAY HEALTHCARE MABLETON, LLC

Certificate of Status	0
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FILED

ARTICLES OF ORGANIZATION

OF

MAINSTAY HEALTHCARE MABLETON, LLC A Florida Limited Liability Company

ARTICLE I NAME

The name of this limited liability company is "MAINSTAY HEALTHCARE MABLETON, LLC' (the "Company").

ARTICLE II MAILING AND STREET ADDRESS

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

505 Ariana Avenue Auburndale, Florida 33823

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

505 Ariana Avenue Auburndale, Florida 33823

ARTICLE III COMMENCEMENT OF COMPANY'S EXISTENCE

In accordance with Section 605.0207, Florida Statutes, the Company's existence shall commence at the time and date on which these Articles of Organization are filed with the Florida Department of State.

ARTICLE IV PURPOSE OF COMPANY

The purpose of the Company is to hold real property, and any other business permitted under applicable law and otherwise approved by the members.

ARTICLE V MANAGEMENT

The Company shall be shall be managed by one or more managers and is therefore a manager managed company. The name and mailing address of the initial manager of the Company is as follows:

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Louis F. Garrard V 505 Ariana Avenue Auburndale, Florida 33823

ARTICLE VI REGISTERED AGENT

The address of the initial Registered Office and the Registered Agent of the Company at such address are as follows:

ZKS Registered Agent Services, LLC 315 E. Robinson Street, Suite 600 Orlando, FL 32801

ARTICLE VII APPLICABLE LAW

The Company is created pursuant to Chapter 605, Florida Statutes, and shall be governed by the laws of the State of Florida.

N. Dwayne Gray, Jr., Authorized Representative

ACCEPTANCE OF DESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of Section 605.0113, Florida Statutes, the undersigned submits the following statement of acceptance of his designation as Registered Agent for the Company:

Having been named as Registered Agent and to accept service of process for the above stated limited liability company at the place designated in these Articles of Organization, 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 of the Florida Statutes.

N. Dwayne Gray, Jr., Esquire

Authorized Representative for Registered Agent

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