

L99000002907

TRANSMITTAL LETTER FOR FLORIDA LIMITED LIABILITY COMPANY

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: DAYTONA HEALTHCARE INVESTORS, LLC
(Proposed limited liability company name - must include suffix)

100002881231--FO
-05/20/99--01066--019
****293.75 ****293.75

Enclosed is an original and one (1) copy of the articles of organization and a check for :

\$285.00
Filing Fee
& Registered
Agent designation

\$293.75
Filing Fee,
Registered Agent
Designation &
Certificate

\$337.50
Filing Fee,
Registered Agent
Designation &
Certified Copy

\$346.25
Filing Fee,
Registered Agent
Designation,
Certified Copy &
Certificate

FROM: R. BRUCE McKIBBEN, JR
Name (Printed or typed)

1301 Miccosukee Road
Address

Tallahassee, FL 32311
City, State & Zip

(850) 942-8585
Daytime Telephone number

L99000002907

Call when ready
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
MAY 20 1999 PM 2:00
FILED

Name Availability	5/20/99
Document Examiner	99111/ace
Preparer	DCC
Preparer Verifier	DCC
Acknowledgement	DCC
W. P. Verifier	DCC

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Daytona Healthcare Investors, LLC

ARTICLE II - Address:

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

1175 Peachtree Street
Suite 710
Atlanta, GA 30361

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

Perpetual

ARTICLE IV - Management:

(check and complete the appropriate statement)

The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/ are:

John E. McMullan
100 Colony Square
1175 Peachtree St. Suite 710
Atlanta, GA 30361

John F. McMullan
100 Colony Square
1175 Peachtree St. Suite 710
Atlanta, GA 30361

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of Daytona
Healthcare Investors, LLC deposes and says:

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is
- 3) if any, the agreed value of property other than cash contributed by member(s) is
A description of the property is attached and made a part hereto.
- 4) the amount of cash or property anticipated to be contributed by member(s) is \$ 0
- 5) the total amount of 2, 3, and 4 is \$ 500.00

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TALLAHASSEE, FLORIDA

R. Bruce McKibben, Jr. R. BRUCE MCKIBBEN, JR.
Signature of a member or authorized representative of a member. Authorized representative
(In accordance with section 608.408(3), Florida Statutes, the of John E. McMullan,
execution of this affidavit constitutes an affirmation under the Member
penalties of perjury that the facts stated herein are true.)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

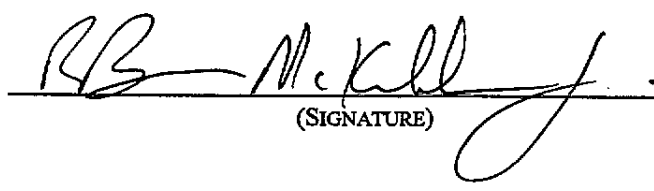
PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: Daytona Healthcare Investors, LLC

2. The name and address of the registered agent and office is:
R. BRUCE McKIBBEN, JR.
(NAME)
1301 Miccosukee Road
(P.O. Box NOT ACCEPTABLE)
Tallahassee, FL 32308
(CITY/STATE/ZIP)

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TALLAHASSEE, FLORIDA

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.

 5/20/99
(SIGNATURE) (DATE)