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January 15, 2002

SENT BY FEDERAL EXPRESS

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

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-01/16/02--01036--006

****155.00 ****155.00

RE: Registration of Southern Healthcare
Services, L.L.C.

Dear Sir or Madam:

Enclosed please find an Application By Foreign Limited Liability Company for the Authorization to Transact Business in Florida and a Certificate of Designation of Registered Agent/Registered Office. I have enclosed a check for One Hundred Fifty-Five Dollars (\$155) in accordance with the fee schedule as follows:

<u>Fee</u>	<u>Amount</u>
Filing Fee	\$ 100.00
Designation of Registered Agent	25.00
Certified Copy	<u>30.00</u>
	\$ 155.00

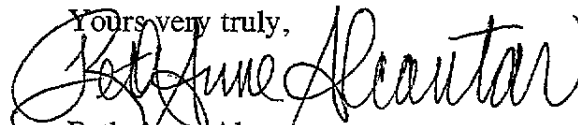
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Upon preparation of the foregoing documents, please send the completed documents via Federal Express. I have enclosed a Federal Express label addressed to myself, with my account number on it.

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QR

January 15, 2002

Should you have any questions regarding this matter, please feel free to contact me.

Yours very truly,

Beth Anne Alcantar

BAA:bmr
Encls.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. Southern Healthcare Services, L.L.C.
(Name of foreign limited liability company)
2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 36-4433088
(FEI number, if applicable)
4. March 30, 2001
(Date of Organization)
5. 2071
(Duration: Year limited liability company will cease to exist or "perpetual")
6. January 18, 2002
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 902 Grassmere Avenue, Ocean Township, New Jersey 07712
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here ☒

9. The name and usual business addresses of the managing members or managers are as follows:

JDR Management Company, Inc., Manager, 1020 W. 31st Street, Suite 225,
Downers Grove, Illinois 60515

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TALLAHASSEE, FLORIDA

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: The transaction of
any or all lawful activities which limited liability companies may transact
pursuant to the Florida Limited Liability Company Act.

Stewart G. Harris
Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Stewart G. Harris

Typed or printed name of signee

**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 SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

SOUTHERN HEALTHCARE SERVICES, L.L.C.

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

CT CORPORATION SYSTEM

(Name)

1200 SOUTH TINE ISLAND ROAD

Florida street address (P.O. Box **NOT** ACCEPTABLE)

PLANTATION

FL 33324

(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 as provided for in Chapter 608, F.S.

Anne E Diamond

(Signature)

Anne E Diamond, Asst Secy.

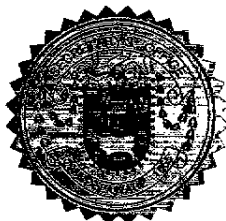
\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SOUTHERN HEALTHCARE SERVICES, L.L.C." IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF JANUARY, A.D. 2002.



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

3375572 8300

AUTHENTICATION: 1556209

020022603

DATE: 01-11-02