

Division of Corporations

L0300000333600Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : JOHNNY TSIMOGIANNIS
Account Number : I19990000261
Phone : (305) 442-1028
Fax Number : (305) 442-2747

EFFECTIVE DATE

9-4-03RECEIVED
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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

ATLANTIC CARE INSTITUTE LLC

Certificate of Status	0
Certified Copy	1
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I: NAME

The name of the Limited Liability Company is **Atlantic Care Institute LLC**

ARTICLE II: ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company, with the privilege of having branch offices at any other place within the State and without the State is:

14768 SW 65th Terrace
Miami, Florida 33193

ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE

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

Johnny Tsimogiannis
999 Ponce de Leon Blvd, Suite 601
Coral Gables, Florida 33134

EFFECTIVE DATE
9-4-03

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, Florida Statutes.



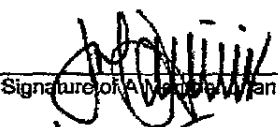
Johnny Tsimogiannis
Registered Agent


ARTICLE IV: MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company. The name of the Manager is Suheyf Hernandez-Piloto.

ARTICLE V: EFFECTIVE DATE

These Articles of Organization shall be effective September 4, 2003, or the earliest date deemed acceptable by and upon the approval of the Secretary of State, State of Florida.



Signature of a Member or an Authorized Representative of a Member


Printed Name of Signee

In accordance with section 608.408(3), 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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