

L12000033139

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

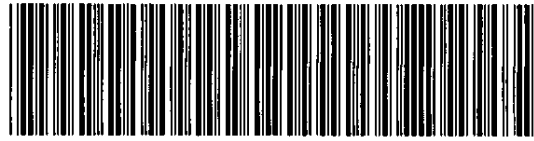
(Business Entity Name)

(Document Number)

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12 MAR -7 PM 4:16  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
12 MAR -7 AM 11:00  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

MAR 08 2012

EXAMINER

EFFECTIVE DATE 05/01/12



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 122351 7509084

AUTHORIZATION: *Spud DeMan*

COST LIMIT : \$125.00

ORDER DATE : March 7, 2012

ORDER TIME : 2:14 PM

ORDER NO. : 122351-030

CUSTOMER NO: 7509084

DOMESTIC FILING

NAME: HOFFMAN PARK EMERGENCY  
PHYSICIANS, LLC

EFFECTIVE DATE:

- ARTICLES OF INCORPORATION
- CERTIFICATE OF LIMITED PARTNERSHIP
- ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Stephanie Milnes - EXT. 2920

EXAMINER'S INITIALS: \_\_\_\_\_

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

12 MAR -7 AM 11:00

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Hoffman Park Emergency Physicians, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Heather Banks  
Name of Person

EMSC  
Firm/Company

6200 S. Syracuse Way, Suite 200  
Address

Greenwood Village, CO 80111  
City/State and Zip Code

heather.banks@emsc.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Heather Banks at ( 303 ) 495-1207  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street/Courier Address  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Hoffman Park Emergency Physicians, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

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

**Principal Office Address:**

401 NW 42 Avenue  
Plantation, FL 33317

**Mailing Address:**

6200 S. Syracuse Way  
Suite 200  
Greenwood Village, CO 80111

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Corporation Service Company  
Name

1201 Hays Street  
Florida street address (P.O. Box **NOT** acceptable)

Tallahassee FL 32301  
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 familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.*

Corporation Service Company

By: Stephanie Milnes Stephanie K. Milnes  
Assistant Vice President

(CONTINUED)

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TALLAHASSEE, FLORIDA

EFFECTIVE DATE 05/01/12

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:


<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager	
"MGRM" = Managing Member	
<u>MGR</u>	<u>Gregory J. Byrne, M.D.</u>
	<u>6200 S. Syracuse Way, Suite 200</u>
	<u>Greenwood Village, CO 80111</u>

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 DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 5/1/2012 (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

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

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Gregory J. Byrne, M.D.  
 \_\_\_\_\_  
 Typed or printed name of signee

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)