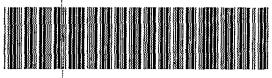
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TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

TO: Registration Section	TOSE
Division of Corporations	Ź
SUBJECT: Family Practice & Internal Medicine of The Palm Beaches, LLC	
(Name of Limited Liability Company)	<del></del>
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the	following:
Jack F. Haickman, VI.D.	•
(Name of Person)	<del></del>
Family Practice & Internal Medicine of The Palm Beaches, LLC	
(Firm/Company)	
102 Olivera Way	
(Address)	
Palm Beach Gardens, FL 33418	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Doreen Bonadies Halickman at (561 ) 626-0322	
(Name of Person) (Area Code & Daytime Tele	phone Number)

STREET ADDRESS: Registration Section
Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee Florida 32314

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TALLAHASSEE, FLORIDA

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