

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000044643

Entity Name: HILLMOOR PARTNERS, LLC

FILED
Feb 14, 2009
Secretary of State

Current Principal Place of Business:

1801 SE HILLMOOR DR, STE B101
PORT ST LUCIE, FL 34952

New Principal Place of Business:

1871 SE TIFFANY AVE
SUITE 100
PORT ST LUCIE, FL 34952

Current Mailing Address:

PO BOX 86
STUART, FL 349950086

New Mailing Address:

FEI Number: 20-0417938 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COLLIN, ALAN S M.D.
1801 SE HILLMOOR DR, STE B101
PORT ST LUCIE, FL 34952 US

Name and Address of New Registered Agent:

COLLIN, ALAN S M.D.
1871 SE TIFFANY AVE, SUITE 100
PORT ST LUCIE, FL 34952 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

02/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HEM-ONC PROPERTIES,, L.C.
Address: 1801 SE HILLMOOR DR, STE B101
City-St-Zip: PORT ST LUCIE, FL 34952

Title: MGRM () Delete
Name: ZIAD MICHEL MARJIEH,, M.D., P.A.
Address: 2100 NEBRASKA AVE., STE. 105
City-St-Zip: FORT PIERCE, FL 34950

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HEM-ONC PROPERTIES,, L.C.
Address: 1871 SE TIFFANY AVE, SUITE 100
City-St-Zip: PORT ST LUCIE, FL 34952

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ALAN S. COLLIN, M.D.

MGRM

02/14/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date