

L03000044043

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H03000317714 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : FRANK H. FEE, III, ESQUIRE
Account Number : I19990000154
Phone : (772) 461-5020
Fax Number : (772) 468-8461

Application
AND
FILED
03 NOV 14 PM 4:02
STATE DEPARTMENT OF REVENUE
TALLAHASSEE, FL 32303

RECEIVED
03 NOV 14 PM 3:00
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32303

LIMITED LIABILITY COMPANY
HILLMOOR PARTNERS, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing

Public Access Help

YB
11-14-03

((H03000317714 3))

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

HILLMOOR PARTNERS, LLC

ARTICLE II - Address:

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

Principal Office Address:

1801 SE Hillmoor Drive, Suite B101

Port St. Lucie, FL 34952

Mailing Address:

1801 SE Hillmoor Drive, Suite B101

Port St. Lucie, FL 34952

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

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

ALAN S. COLLIN, M.D.

Name

1801 SE Hillmoor Drive, Suite B101

Florida street address (P.O. Box NOT acceptable)

Port St. Lucie,

FLORIDA 34952

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, Florida Statutes.



Registered Agent's Signature

03 NOV 14 PM 4:02

DO NOT
AND
FILED

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:
"MGR" = Manager
"MGRM" = Managing Member

Name and Address:

MGRM

HEM-ONC PROPERTIES, L.C.
1801 SE Hillmoor Drive, Suite B101
Port St. Lucie, FL 34952

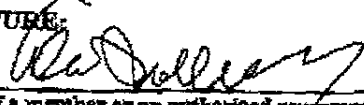
MGRM

ZIAD MICHEL MARJUEH, M.D., P.A.
2100 Nebraska Avenue, Suite 105
Fort Pierce, FL 34950

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



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

(In accordance with section 608.406(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

ALAN E. COLLINS, M.D.

Typed or printed name of signer

Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 50.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

NOV 16 PM 4:02
STATE OF FLORIDA
DEPARTMENT OF REVENUE