

L03000052008

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100025112501

12/05/03--01064--006 \*\*775.00

FILED  
2003 DEC -5 PM 2:17  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J. BRYAN DEC 12 2003

**Rudolph Noriega Morel**  
**3529 Gulfstream Way**  
**Davie, Florida 33328**  
**(954) 423-4031**  
**fax (954) 236-4376**

December 2, 2003

Florida Department of State  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

FILED  
2003 DEC -5 PM 2:17  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

To Whom It May Concern:

Enclosed please find the following documents for filing:

- (1) Original and two copies of the Articles of Organization for Healthcare Resource Company, LLC
- (2) Original and two copies of the Certificate of Designation of Registered Agent/Registered Office for Healthcare Resource Company, LLC
- (3) Original and two copies of the Articles of Organization for HRC Home Health Services – Broward, LLC
- (4) Original and two copies of the Certificate of Designation of Registered Agent/Registered Office for HRC Home Health Services – Broward, LLC
- (5) Original and two copies of the Articles of Organization for HRC Home Health Services – Palm Beach, LLC
- (6) Original and two copies of the Certificate of Designation of Registered Agent/Registered Office for HRC Home Health Services – Palm Beach, LLC
- (7) Original and two copies of the Articles of Organization for HRC Home Health Services – Miami-Dade, LLC
- (8) Original and two copies of the Certificate of Designation of Registered Agent/Registered Office for HRC Home Health Services – Miami-Dade, LLC
- (9) Original and two copies of the Articles of Organization for Healthcare Resource Management, LLC
- (10) Original and two copies of the Certificate of Designation of Registered Agent/Registered Office for Healthcare Resource Management, LLC

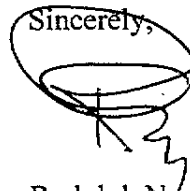
I would like to receive Certified Copies of Record for each of the above-referenced entities. Please send a copy of the stamped Articles of Organization and Acknowledgement and the Certified Copies of Record for each of the above-referenced entities to the address set forth above.

Florida Department of State  
Page Two

A check in the amount of \$775 payable to the Florida Department of State is also enclosed (\$125 for required filing fees and \$30 for Certified Copies of Record for each of the five above-referenced entities).

If you have any questions, please do not hesitate to call.

Sincerely,

A handwritten signature in black ink, appearing to be "R. Noriega Morel", written over a horizontal line.

Rudolph Noriega Morel

Enclosures

FILED  
2003 DEC -5 PM 2:17  
CLERK OF COURTS  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION**

for

**HEALTHCARE RESOURCE MANAGEMENT, LLC**

**A Florida Limited Liability Company**

**Article I – Name**

The name of the limited liability company is:

Healthcare Resource Management, LLC

**Article II – Address**

The mailing address and street address of the principal office of the limited liability company is:

3529 Gulfstream Way  
Davie, Florida 33328

**Article III – Duration**

The period of duration for the limited liability company is:

Perpetual

**Article IV – Management**

The limited liability company is a manager-managed company.

**Article V – Initial Registered Agent and Office**

The name of the initial registered agent and the Florida street address of the initial registered office is:

Rudolph Noriega Morel  
3529 Gulfstream Way  
Davie, Florida 33328



\_\_\_\_\_  
Signature of Rudolph Noriega Morel, Member

FILED  
2003 DEC -5 PM 2:17  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED AGENT AND REGISTERED OFFICE IN THE STATE OF FLORIDA.


1. The name of the limited liability company is :

Healthcare Resource Management, LLC

2. The name and the Florida street address of the registered agent are;

Rudolph Noriega Morel  
3529 Gulfstream Way  
Davie, Florida 33328

*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.*

By:   
Rudolph Noriega Morel

FILED  
2003 DEC -5 PM 2:17  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA