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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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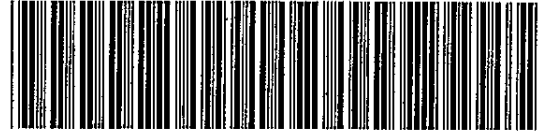
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN AUG 10 2004

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Palm Beach Medical Associates, 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:

Jack F. Halickman, M.D.
(Name of Person)

Palm Beach Medical Associates, 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 B. Halickman at (561) 626-0322
(Name of Person) (Area Code & Daytime Telephone 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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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Palm Beach Medical Associates, LLC

ARTICLE II - Address:

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

Principal Office Address:

3401 PGA Boulevard, Suite 330

Palm Beach Gardens, FL. 33418

Mailing Address:

102 Olivera Way

Palm Beach Gardens, FL 33418

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

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

Doreen Bonadies Hallickman

Name

102 Olivera Way

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

Palm Beach Gardens, FLORIDA 33418

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

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TALLAHASSEE, FLORIDA

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

Jack F. Hallickman, M.D.

102 Olivera Way

Palm Beach Gardens, FL 33418

MGRM

Rupesh R.Dharia, M.D.

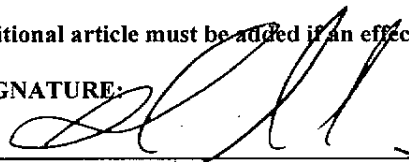
18671 Collins Avenue, Apt. 1204

Sunny Isles Beach, FL 33160

(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 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Jack F. Hallickman

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)