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PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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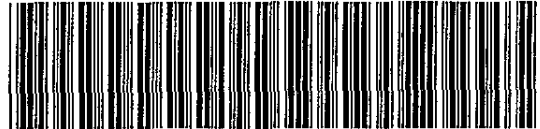
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W04-31866

Handwritten signature/initials



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08/20/04--01033--007 **125.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 MAY 16 AM 8:24

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GRANDVIEW MEDICAL CENTER, 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:

~~EBRAHIM HOOSIEN, M. D.~~ MARY JO COHEN
(Name of Person)

SAME
(Firm/Company)

13005 SOUTHERN BLVD., PALM WEST MEDICAL MALL 2, SUITE 232
(Address) 389 RIVER EDGE ROAD

LOXAHATCHEE, FL 33470 JUPITER FL 33477
(City/State and Zip Code)

For further information concerning this matter, please call:

MARY JO COHEN at (561) 938-5359 Home 561-OR
(Name of Person) (Area Code & Daytime Telephone Number)

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05 MAY 16 AM 8:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

August 23, 2004

EBRAHIM HOOSIEN, M.D.
13005 SOUTHERN BLVD.
PALM WEST MEDICAL MALL 2, STE. 232
LOXAHATCHEE, FL 33470

SUBJECT: GRANDVIEW MEDICAL CENTER, LLC
Ref. Number: W04000031866

We have received your document for GRANDVIEW MEDICAL CENTER, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 804A00051450

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 MAY 16 AM 8:24

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GRANDVIEW MEDICAL CENTER, LLC

ARTICLE II - Address:

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

~~6076 OKEECHOBEE BLVD.
SUITE 53-54
COLLEGE PLAZA
WEST PALM BEACH, FL 33417~~

5041 OKEECHOBEE BLVD
WEST PALM BCH FL ~~33417~~ 33417

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

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

EBRAHIM HOOSIEN

Name

13005 SOUTHERN BLVD., PALM WEST MEDICAL MALL 2, SUITE 232

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

LOXAHATCHEE FL 33470

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.



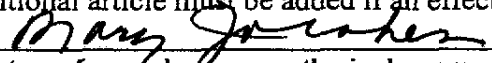
Registered Agent's Signature

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

25 MAY 16 AM 8:24

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(An additional article must be added if an effective date is requested)



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.)

MARY JO COHEN

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)