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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

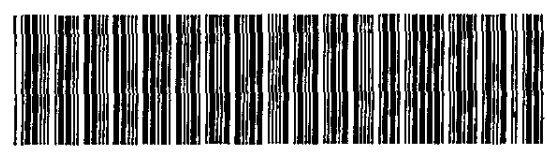
(Business Entity Name)

(Document Number)

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STATE
TALLAHASSEE, FLORIDA

Weg 2/05

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HEALTHMART MEDICAL

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stephen L. Shulman
(Name of Person)

Healthmart Medical LLC
(Firm/Company)

5643 Plymouth Rd.
(Address)

Ann Arbor, MI 48105
(City/State and Zip Code)

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For further information concerning this matter, please call:

Stephen Shulman at (734) 663-0132
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (Additional copy is enclosed)	x \$160.00 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
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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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: HEALTHMART MEDICAL LLC

ARTICLE II - Address:

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

Principal Office Address:

3150 West Prospect Rd
Suite 320
Fort Lauderdale FL 33309

Mailing Address:

3150 West Prospect Rd
Suite 320
Fort Lauderdale FL 33309

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

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

Stephen Shulman

Name

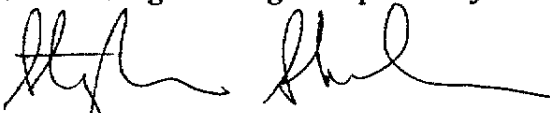
3150 West Prospect Rd
Suite 320

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

Fort Lauderdale FL 33309
City, State, and Zip

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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, F.S.



Registered Agent's Signature

(CONTINUE)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

Managing Partner

Stephen Shulman
8589 Bellagio Dr.
Naples FL 34103

Managing Partner

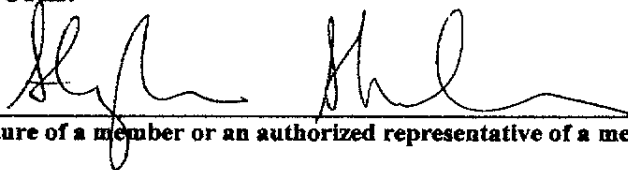
Stuart Shulman
54102 Waldenhill CT
Ypsilanti MI 48198

Managing Partner

John Dimarco
1429 County Line Rd
Rosemont PA 19010

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.)

Stephen Shulman

Typed or printed name of signee

Filing Fees:

**\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent**

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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FLORIDA