

LD80000000852

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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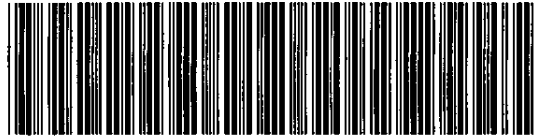
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EXAMINER



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2008 JAN -2 PM 4:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Hillmoor Surgery 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:

**Mark A. Kikta, Esq.**

(Name of Person)

**Corsaro & Associates Co., LPA**

(Firm/Company)

**28039 Clemens Road**

(Address)

**Westlake, OH 44145**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Mark A. Kikta**

(Name of Person)

at ( **440** ) **871-4022**

(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)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 13, 2007

MARK A. KIKTA, ESQ.  
CORSARO & ASSOCIATES CO., LPA  
28039 CLEMENS ROAD  
WESTLAKE, OH 44145

SUBJECT: HILLMOOR SURGERY CENTER, LLC  
Ref. Number: W07000060452

We have received your document for HILLMOOR SURGERY CENTER, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

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) 245-6967.

Leslie Sellers  
Regulatory Specialist II

Letter Number: 807A00069912

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Hillmoor Surgery Center, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

### ARTICLE II - Address:

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

#### Principal Office Address:

1715 SE Tiffany Avenue, Suite 2  
Port St. Lucie, FL 34952

#### Mailing Address:

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Daniel DelRowe

Name

1715 SE Tiffany Ave., Suite 2

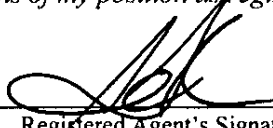
Florida street address (P.O. Box **NOT** acceptable)

Port St. Lucie

FL 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, F.S..*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)  
Daniel DelRowe

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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

Daniel DelRowe  
1715 S2 Tiffany Avenue, Suite 2  
Port St. Lucie, FL 34952

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.)

**Daniel DelRowe**

\_\_\_\_\_  
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)

**FILED**  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA