

L100000065478

(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



300166077043

01/14/10--01041--004 \*\*160.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 JAN 14 AM 10:07

T. HAMPTON

JAN 15 2010

EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Hialeah Physician Care, 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:

**Sheldon Goldberg**

Name of Person

Firm/Company

**1101 SW 128th Terrace C-204**

Address

**Pembroke Pines, Fl. 33027**

City/State and Zip Code

**backzone@bellsouth.net**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Sheldon Goldberg**

Name of Person

at ( **954** )

**444-7350**

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Hialeah Physician Care, 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:

1901 West 39th Street

Hialeah, FL 33012

#### Mailing Address:

Mail to: Sheldon Goldberg

1101 SW 128th Terrace C-204

Pembroke Pines, FL 33027

### 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:

Richard Pellegrino

Name

1901 West 39th Street


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

Hialeah, FL 33012

FL

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)

(CONTINUED)

FILED  
10 JAN 14 AM 10:07  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**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:**

MGR

Richard Pellegrino DC

19 NW 45th Ave. #305

Deerfield Beach, FL 33442

MGRM

David Hirschenson DC

16425 Collins Ave. Apt. WS3A

Sunny Isle Beach, FL 33160

MGRM

Todd Goldberg DC

19315 SW 24th Street

Miramar, FL 33029

MGRM

Sheldon Goldberg

1101 SW 128 Terrace C-204

Pembroke Pines, FL 33027

(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.)

Richard Pellegrino

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  
10 JAN 14 AM 10:07  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS