

L11000139778

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

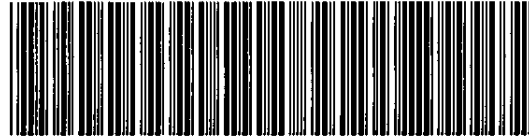
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

DEC 13 2011

EXAMINER

ARTICLES OF ORGANIZATION

OF

HILLCREST MEDICAL, LLC

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TALLAHASSEE, FLORIDA

ARTICLE I

NAME

The name of the Limited Liability Company is

HILLCREST MEDICAL, LLC.

ARTICLE II

ADDRESS

The mailing address of the Limited Liability Company's principal office is 2061 Breezy Knoll Road, DeLand, FL 32720.

The street address of the Limited Liability Company's principal office is 2061 Breezy Knoll Road, DeLand, FL 32720.

ARTICLE III

DURATION

The period of duration for the Limited Liability Company shall be perpetual.

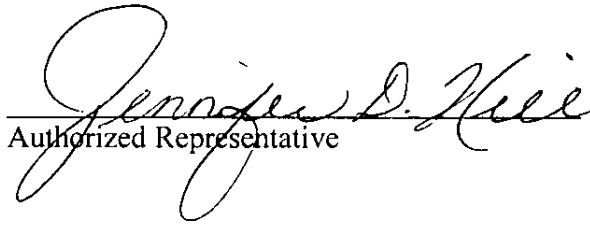
ARTICLE IV

MANAGEMENT

The managing member who is designated by the member(s) as the manager shall carry

out and further the decisions and action of the member(s) made under the Operating Agreement and shall be authorized to execute any and all reports, forms, instruments, document, papers, writings, agreements, and contracts, including but not limited to deeds, bills of sale, assignments, leases, promissory notes, mortgages, and security agreements and any other type or form of document by which property or property rights of the Company are transferred or encumbered, or by which debts and obligations of the Company are created, incurred, or evidenced, that are necessary, appropriate, or beneficial to carry out or further those decisions or actions.

In accordance with F.S. 608.408(3), the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.


Authorized Representative

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CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

UNDER THE PROVISIONS OF F.S. 608.415, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

The name of the limited liability company is **HILLCREST MEDICAL, LLC**.

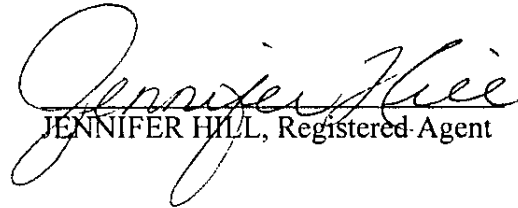
The name and the Florida street address of the registered agent are:

Jennifer Hill
2061 Breezy Knoll Road
DeLand, FL 32720

Having been named as registered agent and to accept service of process for the

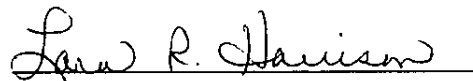
above-stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


HILLCREST MEDICAL, LLC


JENNIFER HILL, Registered Agent

STATE OF FLORIDA
COUNTY OF VOLUSIA

The foregoing instrument was acknowledged before me this 6th day of December, 2011, by **JENNIFER HILL**, who is personally known to me or who produced as identification and who did not take an oath.


Notary Public

NOTARY PUBLIC STATE OF FLORIDA
 Lana R. Harrison
Commission # EE098055
Expires: JUNE 05, 2015
BONDED THRU ATLANTIC BONDING CO., INC.

Lana R. Harrison
Notary printed name
Commission No.
My Commission Expires: 6/5/15

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