

SECURITIES AND EXCHANGE COMMISSION

FORM D

Official notice of an offering of securities that is made without registration under the Securities Act in reliance on an exemption provided by Regulation D and Section 4(6) under the Act.

Filing Date: **2013-01-11**
SEC Accession No. [0001140361-13-001809](#)

([HTML Version](#) on [secdatabase.com](#))

FILER

HEALTHCARE PARTNERS INVESTMENTS LLC

CIK: [1437512](#) | IRS No.: **000000000** | State of Incorporation: **DE**
Type: **D** | Act: **33** | File No.: **021-190005** | Film No.: **13524572**

Mailing Address	Business Address
<i>14024 QUAIL POINTE DRIVE OKLAHOMA CITY OK 73134</i>	<i>14024 QUAIL POINTE DRIVE OKLAHOMA CITY OK 73134 405-419-7734</i>

UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549
FORM D

OMB APPROVAL	
OMB Number:	3235-0076
Expires:	June 30, 2012
Estimated average burden hours per response:	4.00

Notice of Exempt Offering of Securities

1. Issuer's Identity

CIK (Filer ID Number) [0001437512](#) Previous Name(s) None Entity Type
 Corporation
Name of Issuer [HEALTHCARE PARTNERS INVESTMENTS LLC](#) Limited Partnership
 Limited Liability Company
Jurisdiction of Incorporation/Organization [DELAWARE](#) General Partnership
 Business Trust
 Other
Year of Incorporation/Organization
 Over Five Years Ago
 Within Last Five Years (Specify Year)
 Yet to Be Formed

2. Principal Place of Business and Contact Information

Name of Issuer [HEALTHCARE PARTNERS INVESTMENTS LLC](#)
Street Address 1 [14024 QUAIL POINTE DRIVE](#) Street Address 2
City [OKLAHOMA CITY](#) State/Province/Country [OKLAHOMA](#) ZIP/Postal Code [73134](#) Phone No. of Issuer [405-419-7734](#)

3. Related Persons

Last Name [GRAY](#) First Name [ED](#) Middle Name
Street Address 1 [14024 QUAIL POINTE DRIVE](#) Street Address 2
City [OKLAHOMA CITY](#) State/Province/Country [OKLAHOMA](#) ZIP/Postal Code [73134](#)

Relationship: Executive Officer Director Promoter

Clarification of Response (if Necessary)
[CHIEF EXECUTIVE OFFICER AND MANAGER](#)

Last Name [BEVERS](#) First Name [STAN](#) Middle Name
Street Address 1 [14024 QUAIL POINTE DRIVE](#) Street Address 2
City [OKLAHOMA CITY](#) State/Province/Country [OKLAHOMA](#) ZIP/Postal Code [73134](#)

OKLAHOMA CITY

OKLAHOMA

73134

Relationship: Executive Officer Director Promoter

Clarification of Response (if Necessary)

MANAGER

Last Name	First Name	Middle Name
NORTHCUTT	BARRY	
Street Address 1 14024 QUAIL POINTE DRIVE	Street Address 2	
City OKLAHOMA CITY	State/Province/Country OKLAHOMA	ZIP/Postal Code 73134

Relationship: Executive Officer Director Promoter

Clarification of Response (if Necessary)

MANAGER

Last Name	First Name	Middle Name
HINES	ROBERT	
Street Address 1 14024 QUAIL POINTE DRIVE	Street Address 2	
City OKLAHOMA CITY	State/Province/Country OKLAHOMA	ZIP/Postal Code 73134

Relationship: Executive Officer Director Promoter

Clarification of Response (if Necessary)

MANAGER

Last Name	First Name	Middle Name
HODGES	JOE	
Street Address 1 14024 QUAIL POINTE DRIVE	Street Address 2	
City OKLAHOMA CITY	State/Province/Country OKLAHOMA	ZIP/Postal Code 73134

Relationship: Executive Officer Director Promoter

Clarification of Response (if Necessary)

MANAGER

Last Name	First Name	Middle Name
WILLIAMS	NOEL	
Street Address 1 14024 QUAIL POINTE DRIVE	Street Address 2	
City OKLAHOMA CITY	State/Province/Country OKLAHOMA	ZIP/Postal Code 73134

Relationship: Executive Officer Director Promoter

Clarification of Response (if Necessary)

MANAGER

Last Name	First Name	Middle Name
O'BRIEN	SEAN	
Street Address 1	Street Address 2	
14024 QUAIL POINTE DRIVE		
City	State/Province/Country	ZIP/Postal Code
OKLAHOMA CITY	OKLAHOMA	73134

Relationship: Executive Officer Director Promoter

Clarification of Response (if Necessary)

MANAGER

Last Name	First Name	Middle Name
KING	KIM	
Street Address 1	Street Address 2	
14024 QUAIL POINTE DRIVE		
City	State/Province/Country	ZIP/Postal Code
OKLAHOMA CITY	OKLAHOMA	73134

Relationship: Executive Officer Director Promoter

Clarification of Response (if Necessary)

MANAGER

Last Name	First Name	Middle Name
STEVES	C.	ROBERT
Street Address 1	Street Address 2	
14024 QUAIL POINTE DRIVE		
City	State/Province/Country	ZIP/Postal Code
OKLAHOMA CITY	OKLAHOMA	73134

Relationship: Executive Officer Director Promoter

Clarification of Response (if Necessary)

MANAGER

Last Name	First Name	Middle Name
WRIGHT	MICHAEL	
Street Address 1	Street Address 2	
14024 QUAIL POINTE DRIVE		
City	State/Province/Country	ZIP/Postal Code
OKLAHOMA CITY	OKLAHOMA	73134

Relationship: Executive Officer Director Promoter

Clarification of Response (if Necessary)

MANAGER

Last Name	First Name	Middle Name
MIKESH	CARL	
Street Address 1	Street Address 2	
14024 QUAIL POINTE DRIVE		
City	State/Province/Country	ZIP/Postal Code

OKLAHOMA CITY

OKLAHOMA

73134

Relationship: Executive Officer Director Promoter

Clarification of Response (if Necessary)

SENIOR VICE PRESIDENT, CHIEF FINANCIAL OFFICER AND MANAGER

Last Name	First Name	Middle Name
CLEMENS	BRIAN	
Street Address 1 14024 QUAIL POINTE DRIVE	Street Address 2	
City OKLAHOMA CITY	State/Province/Country OKLAHOMA	ZIP/Postal Code 73134

Relationship: Executive Officer Director Promoter

Clarification of Response (if Necessary)

CHIEF OPERATING OFFICER

Last Name	First Name	Middle Name
SCHEFFLER	STACY	
Street Address 1 14024 QUAIL POINTE DRIVE	Street Address 2	
City OKLAHOMA CITY	State/Province/Country OKLAHOMA	ZIP/Postal Code 73134

Relationship: Executive Officer Director Promoter

Clarification of Response (if Necessary)

CHIEF ACCOUNTING OFFICER

Last Name	First Name	Middle Name
WHITE	ASHLEY	
Street Address 1 14024 QUAIL POINTE DRIVE	Street Address 2	
City OKLAHOMA CITY	State/Province/Country OKLAHOMA	ZIP/Postal Code 73134

Relationship: Executive Officer Director Promoter

Clarification of Response (if Necessary)

GENERAL COUNSEL

4. Industry Group

- Agriculture
- Banking & Financial Services
 - Commercial Banking
 - Insurance
 - Investing
 - Investment Banking
 - Pooled Investment Fund
 - Other Banking & Financial Services
- Business Services
- Energy
 - Coal Mining
 - Electric Utilities
 - Energy Conservation
 - Environmental Services
 - Oil & Gas
 - Other Energy
- Health Care
 - Biotechnology
 - Health Insurance
 - Hospitals & Physicians
 - Pharmaceuticals
 - Other Health Care
- Manufacturing
- Real Estate
 - Commercial
 - Construction
 - REITS & Finance
 - Residential
 - Other Real Estate
- Retailing
- Restaurants
- Technology
 - Computers
 - Telecommunications
 - Other Technology
- Travel
 - Airlines & Airports
 - Lodging & Conventions
 - Tourism & Travel Services
 - Other Travel
- Other

5. Issuer Size

- | Revenue Range | Aggregate Net Asset Value Range |
|---|---|
| <input type="checkbox"/> No Revenues
\$1 - \$1,000,000 | <input type="checkbox"/> No Aggregate Net Asset Value |
| <input type="checkbox"/> \$1,000,001 - \$5,000,000 | <input type="checkbox"/> \$1 - \$5,000,000 |
| <input type="checkbox"/> \$5,000,001 - \$25,000,000 | <input type="checkbox"/> \$5,000,001 - \$25,000,000 |
| <input type="checkbox"/> \$25,000,001 - \$100,000,000 | <input type="checkbox"/> \$25,000,001 - \$50,000,000 |
| <input type="checkbox"/> Over \$100,000,000 | <input type="checkbox"/> \$50,000,001 - \$100,000,000 |
| <input checked="" type="checkbox"/> Decline to Disclose | <input type="checkbox"/> Over \$100,000,000 |
| <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Decline to Disclose |
| | <input type="checkbox"/> Not Applicable |

6. Federal Exemption(s) and Exclusion(s) Claimed (select all that apply)

- Rule 504(b)(1) (not (i), (ii) or (iii))
- Rule 504 (b)(1)(i)
- Rule 504 (b)(1)(ii)
- Rule 504 (b)(1)(iii)
- Rule 505
- Rule 506
- Securities Act Section 4(6)
- Investment Company Act Section 3(c)
 - Section 3(c)(1)
 - Section 3(c)(2)
 - Section 3(c)(3)
 - Section 3(c)(4)
 - Section 3(c)(5)
 - Section 3(c)(6)
 - Section 3(c)(7)
 - Section 3(c)(9)
 - Section 3(c)(10)
 - Section 3(c)(11)
 - Section 3(c)(12)
 - Section 3(c)(13)
 - Section 3(c)(14)

7. Type of Filing

- New Notice Date of First Sale [2012-12-31](#)
- First Sale Yet to Occur

Amendment

8. Duration of Offering

Does the Issuer intend this offering to last more than one year? Yes No

9. Type(s) of Securities Offered (select all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Pooled Investment Fund Interests | <input checked="" type="checkbox"/> Equity |
| <input type="checkbox"/> Tenant-in-Common Securities | <input type="checkbox"/> Debt |
| <input type="checkbox"/> Mineral Property Securities | <input type="checkbox"/> Option, Warrant or Other Right to Acquire Another Security |
| <input type="checkbox"/> Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security | <input type="checkbox"/> Other (describe) |

10. Business Combination Transaction

Is this offering being made in connection with a business combination transaction, such as a merger, acquisition or exchange offer? Yes No

Clarification of Response (if Necessary)

11. Minimum Investment

Minimum investment accepted from any outside investor \$ 300,000 USD

12. Sales Compensation

Recipient	Recipient CRD Number <input type="checkbox"/> None	
(Associated) Broker or Dealer <input type="checkbox"/> None	(Associated) Broker or Dealer CRD Number <input type="checkbox"/> None	
Street Address 1	Street Address 2	
City	State/Province/Country	ZIP/Postal Code
State(s) of Solicitation (select all that apply) Check "All States" or check individual States	<input type="checkbox"/> All States <input type="checkbox"/> Foreign/non-US	

13. Offering and Sales Amounts

Total Offering Amount \$ 8,000,000 USD or Indefinite

Total Amount Sold \$ 8,000,000 USD

Total Remaining to be Sold \$ 0 USD or Indefinite

Clarification of Response (if Necessary)

14. Investors

Select if securities in the offering have been or may be sold to persons who do not qualify as accredited investors,
Number of such non-accredited investors who already have invested in the offering

Regardless of whether securities in the offering have been or may be sold to persons who do not qualify as accredited investors, enter the total number of investors who already have invested in the offering:

15. Sales Commissions & Finders' Fees Expenses

Provide separately the amounts of sales commissions and finders' fees expenses, if any. If the amount of an expenditure is not known, provide an estimate and check the box next to the amount.

Sales Commissions \$ 0 USD Estimate

Finders' Fees \$ 0 USD Estimate

Clarification of Response (if Necessary)

16. Use of Proceeds

Provide the amount of the gross proceeds of the offering that has been or is proposed to be used for payments to any of the persons required to be named as executive officers, directors or promoters in response to Item 3 above. If the amount is unknown, provide an estimate and check the box next to the amount.

\$ 0 USD Estimate

Clarification of Response (if Necessary)

Signature and Submission

Please verify the information you have entered and review the Terms of Submission below before signing and clicking SUBMIT below to file this notice.

Terms of Submission

In submitting this notice, each Issuer named above is:

- Notifying the SEC and/or each State in which this notice is filed of the offering of securities described and undertaking to furnish them, upon written request, the information furnished to offerees.
- Irrevocably appointing each of the Secretary of the SEC and, the Securities Administrator or other legally designated officer of the State in which the Issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against it in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these statutes, or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which this notice is filed.
- Certifying that the Issuer is not disqualified from relying on any Regulation D exemption it has identified in Item 6 above for one of the reasons stated in Rule 505(b)(2)(iii).

Each Issuer identified above has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

For signature, type in the signer's name or other letters or characters adopted or authorized as the signer's signature.

Issuer	Signature	Name of Signer	Title	Date
HEALTHCARE PARTNERS INVESTMENTS LLC	ED GRAY	ED GRAY	CHIEF EXECUTIVE OFFICER	2013-01-08

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

* This undertaking does not affect any limits Section 102(a) of the National Securities Markets Improvement Act of 1996 ("NSMIA") [Pub. L. No. 104-290, 110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of States to require information. As a result, if the securities that are the subject of this Form D are "covered securities" for purposes of NSMIA, whether in all instances or due to the nature of the offering that is the subject of this Form D, States cannot routinely require offering materials under this undertaking or otherwise and can require offering materials only to the extent NSMIA permits them to do so under NSMIA's preservation of their anti-fraud authority.
