

L23000553114

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

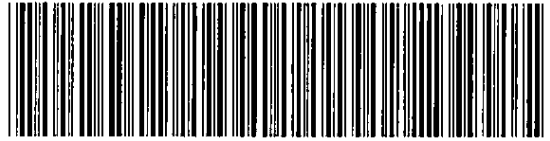
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA  
HALL COUNTY

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**CAPITAL CONNECTION, INC.**

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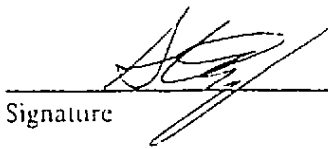
GI Anesthesia, PLLC.

Please Debit FCA000000003 For: 160

Thank you Seth Neeley



- Art of Inc. File \_\_\_\_\_
- LTD Partnership File \_\_\_\_\_
- Foreign Corp. File \_\_\_\_\_
- L.C. File \_\_\_\_\_
- Fictitious Name File \_\_\_\_\_
- Trade/Service Mark \_\_\_\_\_
- Merger File \_\_\_\_\_
- Art. of Amend. File \_\_\_\_\_
- RA Resignation \_\_\_\_\_
- Dissolution / Withdrawal \_\_\_\_\_
- Annual Report / Reinstatement \_\_\_\_\_
- Cert. Copy \_\_\_\_\_
- Photo Copy \_\_\_\_\_
- Certificate of Good Standing \_\_\_\_\_
- Certificate of Status \_\_\_\_\_
- Certificate of Fictitious Name \_\_\_\_\_
- Corp Record Search \_\_\_\_\_
- Officer Search \_\_\_\_\_
- Fictitious Search \_\_\_\_\_
- Fictitious Owner Search \_\_\_\_\_
- Vehicle Search \_\_\_\_\_
- Driving Record \_\_\_\_\_
- UCC 1 or 3 File \_\_\_\_\_
- UCC 11 Search \_\_\_\_\_
- UCC 11 Retrieval \_\_\_\_\_
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Signature

Requested by:

Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

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**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** GI Anesthesia, PLLC  
\_\_\_\_\_  
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:

Lance O. Leider, Esquire  
\_\_\_\_\_  
Name of Person  
  
The Health Law Firm, P.A.  
\_\_\_\_\_  
Firm/Company  
  
1101 Douglas Avenue, Suite 1000  
\_\_\_\_\_  
Address  
  
Altamonte Springs, Florida 32714  
\_\_\_\_\_  
City/State and Zip Code  
  
LLeider@TheHealthLawFirm.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lance O. Leider                      407                      331-6620  
\_\_\_\_\_  
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)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GI Anesthesia, PLLC

(Must contain 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:

Mailing Address:

715 Oak Commons Boulevard  
Kissimmee, Florida 34741

715 Oak Commons Boulevard  
Kissimmee, Florida 34741

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:

Avanish Aggarwal, M.D.  
Name

715 Oak Commons Boulevard  
Florida street address (P.O. Box **NOT** acceptable)

Kissimmee                      Florida                      34741  
City                                      State                                      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 605, F.S.*

Avanish Aggarwal, M.D.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2020  
P. S. E. L.

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR/AMBR

Avanish Aggarwal, M.D.  
715 Oak Commons Boulevard  
Kissimmee, Florida 34741

MGR/AMBR

Sudhir Bhaskar, M.D.  
715 Oak Commons Boulevard  
Kissimmee, Florida 34741

MGR/AMBR

Steven Brint, M.D.  
715 Oak Commons Boulevard  
Kissimmee, Florida 34741

MGR/AMBR

Richard Dumois, M.D.  
715 Oak Commons Boulevard  
Kissimmee, Florida 34741

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: December 13, 2023. (OPTIONAL)

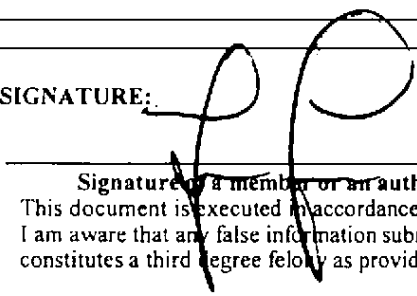
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

A florida professional limited liability company composed of a group of licensed medical professionals to engage  
in any lawful business.

**REQUIRED SIGNATURE:**



**Signature of a member or an authorized representative of a member.**

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Lance O. Leider, Esquire

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)

2023  
FEB 14 10:51 AM

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR/AMBR

Kenneth Feuer, M.D.  
715 Oak Commons Boulevard  
Kissimmee, Florida 34741

MGR/AMBR

Deepinder Goyal, M.D.  
715 Oak Commons Boulevard  
Kissimmee, Florida 34741

MGR/AMBR

Asif Mohiuddin, M.D.  
715 Oak Commons Boulevard  
Kissimmee, Florida 34741

MGR/AMBR

Glen Vanderzalm, M.D.  
715 Oak Commons Boulevard  
Kissimmee, Florida 34741

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: December 13, 2023 (OPTIONAL)

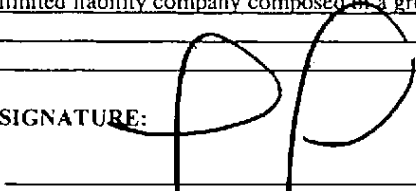
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2023

PH: 5:45