

December 27, 1999  
L00000000257

To whom it may concern:

Enclosed please find Articles of Organization. Would you be so kind as to file the same.

My contact information is:  
Dr. Asad Ali  
10935 Bristol Drive, # 215  
Bradenton, Florida 34209  
(941) 752-1400

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\*\*\*\*125.00 \*\*\*\*125.00

Thanking you in advance,

*Asad Ali*

Dr. Asad Ali

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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|           |                            |
|-----------|----------------------------|
| Name      | Asad Ali                   |
| Address   | 10935 Bristol Drive, # 215 |
| City      | Bradenton                  |
| State     | FL                         |
| Zip       | 34209                      |
| Phone     | (941) 752-1400             |
| Fax       |                            |
| E-mail    |                            |
| Signature | Asad Ali                   |
| Date      | 12/27/99                   |

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I- Name:

The name of the Limited Liability Company is: Florida Doctors Associates, L.L.C.

## ARTICLE II- Address:

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

10935 Bristol Drive #215 Bradenton, Florida 34209

## ARTICLE III- Duration:

The Period of duration for the Limited Liability Company shall be perpetual, or as provided by law.

## ARTICLE IV- Management:

(Check the appropriate box and complete the statement)

- ☐ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager (s) is/are:
- ☒ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

Asad Ali  
10935 Bristol Drive, #215  
Bradenton, Florida 34209

Davinder S. Bhamber  
5115 N. Socrum Loop Road, #83  
Lakeland, FL 33809

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TALLAHASSEE, FLORIDA

**ARTICLE V- Members Rights to Continue Business:**

On the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member, or the occurrence of any other event that terminates the continued membership of a member in the limited liability company, the remaining members shall have the right to continue the business on the unanimous consent of the remaining members.

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

**PURSUANT TO THE PROVISIONS OF SECTION 608.507, FLORIDA STATUTES,  
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING  
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT  
IN THE STATE OF FLORIDA.**

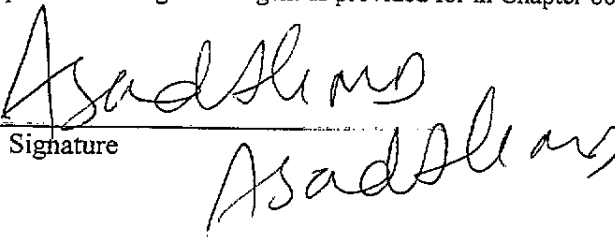
1. The name of the limited liability company is Florida Doctors Associates, L.L.C.

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

Asad Ali  
10935 Bristol Dr. #215  
Bradenton, FL 34209

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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 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 positions as registered agent as provided for in Chapter 608, F.S.

  
\_\_\_\_\_  
Signature