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Tallahassee, Florida 32301
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845419/12500U

May 1, 2001

L010000006724

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

Palm Endoscopy Center, LLC

Filing Evidence

☒ Plain/Confirmation Copy

☐ Certified Copy

Type of Document

☐ Certificate of Status

☐ Certificate of Good Standing

☐ Articles Only

☐ All Charter Documents to Include
Articles & Amendments

☐ Fictitious Name Certificate

☐ Other

Retrieval Request

☐ Photocopy

☐ Certified Copy

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-05/01/01--01020--025
****125.00 ****125.00

RECEIVED DEPARTMENT OF STATE DIVISION OF CORPORATIONS MAY 3 11 33 AM '01 NOT RECORDED TO AVOID DELAY SUFFICIENCY OF FILING	
NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of RA Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Reports
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation
<input type="checkbox"/>	Reinstatement

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

UB
51-D1

**ARTICLES OF ORGANIZATION OF PALM ENDOSCOPY CENTER, LLC,
A LIMITED LIABILITY COMPANY**

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

ARTICLE I — Name:

The name of the Limited Liability Company is:

Palm Endoscopy Center, LLC

ARTICLE II — Address:

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

**Palm Endoscopy Center, LLC
c/o Digestive Disease Consultants
661 East Altamonte Drive, Suite 325
Altamonte Springs, Florida 32701**

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ARTICLE III — Duration:

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

ARTICLE IV — Management:

☐ 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:

**David H. Lebloda, M.D.
c/o Digestive Disease Consultants
661 East Altamonte Drive, Suite 325
Altamonte Springs, Florida 32701**

ARTICLE V — Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be as determined by the Members and set forth in the Regulations to be adopted by the Members.

ARTICLE VI — Members' Rights to Continue Business

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be as determined by the Members and set forth in the Regulations

to be adopted by the Members.

IN WITNESS WHEREOF, we have signed these Articles of Organization and acknowledged them to be our act effective the 27th day of April, 2001.

David H. Lebioda M.D.
David H. Lebioda, M.D.

Virginia Lebioda
Virginia Lebioda

Richard J. Straker, M.D.
Richard J. Straker, M.D.

Drew Straker
Drew Straker

Barry R. Katz, M.D.
Barry R. Katz, M.D.

Ilyse Katz
Ilyse Katz

Harry H. Shephard, M.D.
Harry H. Shephard, M.D.

Margarete Shephard
Margaret Shephard

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

**PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 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:

Palm Endoscopy Center, LLC

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

**David H. Lebioda, M.D.
661 East Altamonte Drive, Suite 325
Altamonte Springs, Florida 32701**

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.



David H. Lebioda, M.D.

Filing Fee: \$35 for Designation of Registered Agent

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