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ACCOUNT NO. : 072100000032

REFERENCE : 372098 7295425

AUTHORIZATION :

COST LIMIT : \$ PREPAID

ORDER DATE : December 14, 2001

ORDER TIME : 11:08 AM

ORDER NO. : 372098-005

CUSTOMER NO: 7295425

CUSTOMER: Ms. Cheri Kleiser
Cheri Kleiser, C.P.A.

206 North 3rd Street

Leesburg, FL 34748

DOMESTIC FILING

NAME: GASTRO-INTESTINAL CONSULTANTS
OF CENTRAL FLORIDA, LLC

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
____ PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Betty Young - EXT. 1112

EXAMINER'S INITIALS:

APPROVED
AND
FILED
01 DEC 14 PM 2:21 RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DEC 14 PM 12:25
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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-12/14/01--01038--026
****155.00 ****155.00

Handwritten signature and date 12-14-01

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: **GASTRO-INTESTINAL CONSULTANTS
OF CENTRAL FLORIDA, LLC**

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
**2060 N. DONNELLY STREET
MOUNT DORA, FL 32757**

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

CHERI KLEISER

Name

206 N. 3RD STREET

Florida street address (P.O. Box **NOT** acceptable)

LEESBURG FL 34748

City, State, and 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 608, F.S.

Cheri Kleiser

Registered Agent's Signature

Article IV - Management (Check box if applicable.)

- ☒ The Limited Liability Company is to be managed by one manager or more managers and therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Albahadur Srinivas Nagabhairu

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

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

ALBAHADUR SRINIVAS NAGABHAIRU

Typed or printed name of signee

Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

01 DEC 14 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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