

L02000013943

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H02000148861 6)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 205-0383

From: Account Name : GASSMAN & ASSOCIATES, P.A.
Account Number : 075350000514
Phone : (727) 442-1200
Fax Number : (727) 443-5829

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 JUN - 6 PM 3:30

FILED

LIMITED LIABILITY COMPANY

MADHU GOYAL, M.D., P.L.C.

DIVISION OF CORPORATION

02 JUN - 6 PM 2:28

RECEIVED

Name Availability	
Document Examiner	DCC
Updater	DCC
Updater Verifier	DCC
Acknowledgement	DCC
W. P. Verifier	DCC

Certificate of Status	0
Certified Copy	0
Page Count	04.5
Estimated Charge	\$125.00

L02000013943

Electronic Filing Menu

Corporate Filing

Public Access Help

Audit Fax #: H02000148861 6

**ARTICLES OF ORGANIZATION
OF**

MADHU GOYAL, M.D., P.L.C.

a Florida Professional Limited Liability Company

**ARTICLE I
NAME**

The name of this Professional Limited Liability Company is MADHU GOYAL, M.D., P.L.C. (the "Company").

**ARTICLE II
ADDRESS**

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

3465 U.S. Highway 19
Palm Harbor, FL 34684

**ARTICLE III
DURATION**

The Company's existence shall commence upon the acceptance of the Articles of Organization by the Secretary of State of Florida and shall continue in existence until the expiration of fifty (50) years from such commencement date, unless sooner terminated, liquidated, or dissolved by law or by the unanimous consent of the Members.

Alan S. Gassman, Esquire
1245 Court Street, Suite 102
Clearwater, FL 33756
(727) 442-1200
Florida Bar # 371750

Audit Fax #: H02000148861 6
ARTICLES OF ORGANIZATION OF MADHU GOYAL, M.D., P.L.C.

02 JUN - 6 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Audit Fax #: H02000148861 6

ARTICLE IV MANAGEMENT

The Professional Limited Liability Company is to be managed by its member and the name and address of such member who is to serve as member is:

MADHU GOYAL, M.D.
3465 U. S. Highway 19
Palm Harbor, FL 34684

ARTICLE V ADMISSION OF NEW MEMBERS

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

The manager may admit new members in its sole and unfettered discretion subject only to the condition that such additional member must agree in writing to be bound as a member by the Operating Agreement of the Company.

ARTICLE VI MEMBERS RIGHTS TO CONTINUE BUSINESS

The right, if given, of the remaining members of the professional 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 professional limited liability company shall be:

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 professional limited liability company shall not terminate the company, and the business of the company shall be automatically continued, so long as there is at least one remaining member.

Alan S. Gassman, Esquire
1245 Court Street, Suite 102
Clearwater, FL 33756
(727) 442-1200
Florida Bar # 371750

Audit Fax #: H02000148861 6
ARTICLES OF ORGANIZATION OF MADHU GOYAL, M.D., P.L.C.

FILED
02 JUN 6 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Audit Fax #: H02000148861 6

ARTICLE VI NATURE OF BUSINESS

The purpose for which the professional limited liability company is organized shall be to engage in and carry on all branches of the practice of medicine within the State of Florida, and to do those things that are necessary or proper in connection with that practice.

AUTHORIZED REPRESENTATIVE OF MEMBER
MADHU GOYAL, M.D., P.L.C.

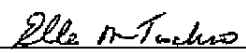


ALAN S. GASSMAN, ESQ.

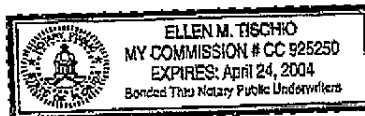
STATE OF FLORIDA)
COUNTY OF PINELLAS)

The foregoing instrument was acknowledged before me this 6th date of June, 2002, by ALAN S. GASSMAN, ESQ., as Authorized Representative of MADHU GOYAL, M.D., P.L.C., who is personally known to me.

Witness my hand and official seal in the county and state last aforesaid on the day and year first written above.



Notary Public, State of Florida
My Commission Expires:



Alan S. Gassman, Esquire
1245 Court Street, Suite 102
Clearwater, FL 33756
(727) 442-1200
Florida Bar # 371750

Audit Fax #: H02000148861 6
ARTICLES OF ORGANIZATION OF MADHU GOYAL, M.D., P.L.C.

Audit Fax #: H02000148861 6


ACCEPTANCE OF REGISTERED AGENT

Pursuant to the provisions of Section 608.415 or 608.507, Florida Statutes, the undersigned Professional Limited Liability Company submits the following statement to designate a Registered Office and Registered Agent in the State of Florida:

The name of the Professional Limited Liability Company is: MADHU GOYAL, M.D., P.L.C.
The name and Florida street address of the Registered Agent are:

Alan S. Gassman, Esquire
1245 Court Street
Suite 102
Clearwater, FL 33756

Having been named as Registered Agent and to accept service of process for the above stated professional 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.


_____(SEAL)
ALAN S. GASSMAN, ESQ.

J:\G\Goyal, Anoop and Madhu\Madhu Goyal, M.D., P.L.C\ARTICLES.ORGANIZATION.wpd
sent 6-6-02

Alan S. Gassman, Esquire
1245 Court Street, Suite 102
Clearwater, FL 33756
(727) 442-1200
Florida Bar # 371750

Audit Fax #: H02000148861 6
ARTICLES OF ORGANIZATION OF MADHU GOYAL, M.D., P.L.C.

PAGE 4

FILED
02 JUN - 2 02 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA