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To:

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

From:

Account Name : MOORE & MENKHAUS, P.A.
Account Number : I20000000087
Phone : (561) 394-7910
Fax Number : (561) 393-6541

BZ

LIMITED LIABILITY COMPANY

THE INSTITUTE FOR DIGESTIVE DISORDERS, LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

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DIVISION OF CORPORATIONS

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY**

ARTICLE I - NAME

The name of the Limited Liability Company is: THE INSTITUTE FOR
DIGESTIVE DISORDERS, LLC

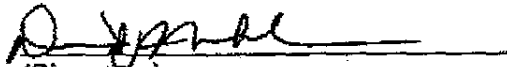
ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited
Liability Company is 1325 South Congress Ave, Suite 211, Boynton Beach, FL 33426.

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

The name and the Florida street address of the registered agent are David J.
Menkhaus, 2424 North Federal Hwy., Suite 456, Boca Raton, FL, 33431, FL.

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..


(Signature)

ARTICLE IV - MANAGEMENT

The Limited Liability Company is to be managed by a Board initially comprised of
thirteen (13) managers and is, therefore, a manager-managed company.


David J. Menkhaus, Registered Agent

(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.)

FILED
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STATE
TALLAHASSEE, FLORIDA