

L040000069/33

2004 SEP 17 P. 4: 12

SECRETARY OF STATE
TREASURER, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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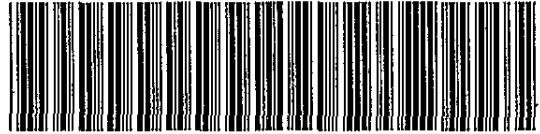
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09/17/04--01010--018 **160.00

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Center for Advanced Gastroenterology , LLC
(Name of Limited Liability Company)

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

T. E. Hilal MD

(Name of Person)

Center for Advanced Gastroenterology , LLC

(Firm/Company)

1101 N Maitland Ave , Suite #1

(Address)

Maitland , Florida 32751

(City/State and Zip Code)

For further information concerning this matter, please call:

T. E. Hilal MD

(Name of Person)

at (407) 644-4014

(Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Center for Advanced Gastroenterology, LLC

ARTICLE II - Address:

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

Principal Office Address:

1101 N Maitland Ave

Maitland, Florida

32751

Mailing Address:

Same

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

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

Nadia Hilal

Name

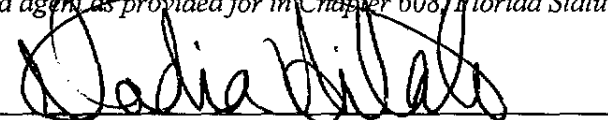
160 N Spring Lake Drive

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

Altamonte Springs, FLORIDA 32714

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, Florida Statutes..



Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

T E Hilal MD

1101 N Maitland Ave

Maitland , FL 32751

MGRM

Raouf Hilal MD

1101 N Maitland Ave

Maitland , FL 32751

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


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.)

T. E. Hilal MD

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)