

LD5000086258

Florida Department of State
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To:

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

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (212) 431-5000
Fax Number : (212) 431-1441

LIMITED LIABILITY COMPANY

GAINSVILLE SLEEP LAB, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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DIVISION OF CORPORATIONS
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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

August 31, 2005

BLUMBERG/EXCELSIOR

SUBJECT: GAINESVILLE SLEEP LAB, LLC
REF: W05000040680

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The Registered Agents name must be listed exactly as it appears on our records.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neyssa Culligan
Document Specialist

FAX Aud. #: H05000206069
Letter Number: 405A00054560

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

GAINESVILLE SLEEP LAB, LLC**ARTICLE II - Address:**

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

Principal Office Address:6216 B NW 43RD STREETGAINESVILLE, FL 32653**Mailing Address:**6216 B NW 43RD STREETGAINESVILLE, FL 32653**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature**

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

Ocala Critical Care & Lung Associates Inc.

Name

1834 SW 1ST AVE STE 101Florida street address (P.O. Box NOT acceptable)OCALAFLORIDA 34474

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.

X. Nagam Kohli

Registered Agent's Signature

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

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

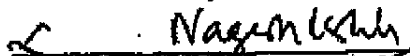
Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:MGRMDR. NAGESH KOHLI2020 SW 44TH LANEOCALA, FL 34474MGRMDR. PURUSHOTTAM MITRA2170 SW 37TH STREET ROADOCALA, FL 34474MGRMJOHN CRAWFORD4690 NW 44TH TERRACEOCALA, FL 34482

(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.)

DR. NAGESH KOHLI, MEMBER

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)

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