

L 06000028491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

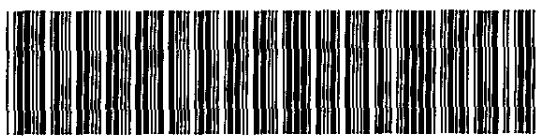
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900067707559

03/14/06--01040--000 *A130.00

FILED
2006 MAR 14 PM 2:54
TALLAHASSEE, FLORIDA

J. BRYAN MAR 17 2006

COVER LETTER 3/9/06

TO: Registration Section
Division of Corporations

SUBJECT: VOLUSIA HOSPITALIST L.L.C.
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

DR. MAZHAR KAYYAL
(Name of Person)

(Firm/Company)

PO BOX 730426
(Address)

ORMOND BEACH FL 32173-0426
(City/State and Zip Code)

For further information concerning this matter, please call:

DR. KAYYAL at (386) 290 1655 OR 386-6760255
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
2006 MAR 14 PM 2:54
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

VOLUSIA HOSPITALIST LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

875 STERTHAUS AVE.
ORMOND BEACH FL 32174

Mailing Address:

PO Box 730426
ORMOND BEACH FL ~~32174~~
32173-0426

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

PENELOPE KAYYAL

Name

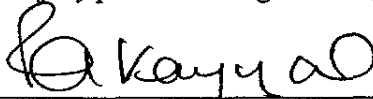
8 LIONSHEAD DRIVE

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

ORMOND BEACH FL 32174

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED
2006 MAR 14 PM 2:54
TALLAHASSEE, FLORIDA

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

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

FILED
2006 MAR 14 PM 2:54
TALLAHASSEE, FLORIDA

Title:
"MGR" = Manager
"MGRM" = Managing Member

Name and Address:

MGR

POB MAZHAR KAYYAL
730426
ORMOND BEACH FL 32173-0426

MGRM

MUHAMMED ANWER
PMB 312
226 N. NOVA RD. ORMOND BEACH FL 32174

MGRM

MOHAMMAD KHAN
POBOX 731415
ORMOND BEACH FL 32173-1415

MGRM

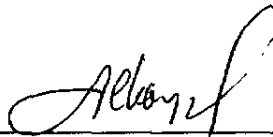
JAWED PANJA
POBOX 730866
ORMOND BEACH FL 32173

MGRM
(Use attachment if necessary) →

BHAWESH N. PATEL
POBOX 11192 DAYTONA BEACH FL 32120

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

MAZHAR KAYYAL
Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)