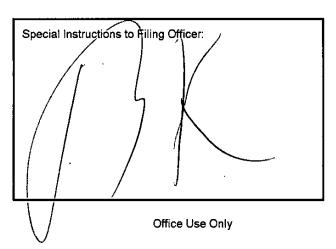
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CORPDIRECT AGENTS, INC. (formerly CCRS) 515 EAST PARK AVENUE TALLAHASSEE, FL 32301 222-1173

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CON	TA	CT:
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Examiner's Initials

TRACY SPEAR

DATE:

08/31/06

REF. #:

000650.56740

CORP. NAME: GASTROENTEROLOGY CONSULTANTS OF NORTH BROWARD, LLC

OF THE STATE OF STATE

		• •		
() ANNUAL REPORT	() TRADEMARK/SERVICE MARK	() FICTITIOUS NAME		
() FOREIGN QUALIFICATION	() LIMITED PARTNERSHIP	(XX) LIMITED LIABILITY		
() REINSTATEMENT	() MERGER	() WITHDRAWAL		
() CERTIFICATE OF CANCELLATION				
() OTHER:				
STATE FEES PREPAID WITH CHECK# <u>5)8285</u> FOR \$ <u>155.00</u> AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:				
AUTHORIZATION FOR AC	CCOUNT IF TO BE DEBITE	D:		
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PLEASE RETURN:				
		MIT: \$		

ARTICLES OF ORGANIZATION **OF** GASTROENTEROLOGY CONSULTANTS OF NORTH BROWARD

ARTICLE I Name

Acones Inc. Se The name of the Limited Liability Company is Gastroenterology Consultants of I Broward, LLC (the "Company").

ARTICLE II Address

The mailing address and street address of the principal office of the Company is 7431 North University Drive, Suite 201, Tamarac, Florida 33321.

ARTICLE III Registered Agent

The name of the Company's registered agent in the State of Florida is Kenneth L. Diamond, M.D. and the address of the Company's registered office is 7431 North University Drive, Suite 201, Tamarac, Florida 33321.

ARTICLE IV Duration

The period of duration for the Company shall be perpetual.

ARTICLE V Management

The Company is to be a member-managed company and the name and address of the initial member is:

> GastroCare, LLP 2902 N. University Drive Coral Springs, FL 33065

ARTICLE VI Admission of Additional Members

Members shall have the right to admit additional members as provided by the Florida Limited Liability Company Act by a vote of a majority-in-interest of the members.

ARTICLE VII Members' Rights to Continue Business

The death, retirement, resignation, expulsion, dissolution, bankruptcy, dissociation or withdrawal of any member, or the occurrence of any other event that terminates the continued membership of any member shall not cause the Company to be dissolved or its affairs to be wound-up, and upon the occurrence of any such event, the Company shall be continued without dissolution and without any affirmative action or requirement on the part of the members.

MEMBER:

GASTROCARE, LLP

By:

Name: Garx Luckman, P

ritle: Prosidos

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.407 OR 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is Gastroenterology Consultants of North Broward, LLC.
- 2. The address of the registered agent and office is: Kenneth L. Diamond, M.D., 7431 North University Drive, Suite 201, Tamarac, Florida 33321.

Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated by 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 the obligations of my position as a registered agent.

KENNETHZ. DIAMOND, M.D.