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W-24031

Law Offices

## SCOTT DAVID KRUEGER, CHARTERED

A Professional Conforation

Meridien Centre 2750 Northwest 43rd Street, Suite 201 Post Office Box 357099 Gainesville, Florida 32635

Gainesville (352) 376-3090 Ocala (352) 732-4405

FACSIMILE (352) 377-1580

February 28, 2007

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Via FedEx 2nd day delivery

Re: IM GI Geriatrics, L.L.C.

To whom it may concern:

Enclosed please find an original and one copy of the Articles of Organization for the above named company, as well as a certificate designating Registered Agent/Registered Office, together with our check in the amount of \$125.00 to cover the following costs:

Filing Fee \$ 100.00

Registered Agent
Designation Fee 25.00
Total \$125.00

Your prompt response in return of a confirmation of the filing is appreciated.

Thank you for your assistance in this matter.

Sincerely yours,

Scott David Krueger

enclosures

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# ARTICLES OF ORGANIZATION OF IM GI GERIATRICS, L.L.C.

The undersigned adopt the following Articles of Organization for the purpose of becoming a limited liability company under the Florida Limited Liability Company Act:

#### ARTICLE I

#### Name

The name of the limited liability company, referred to in these Articles as "company," is IM GI Geriatrics, L.L.C. and is effective as of March 1, 2007.

#### **ARTICLE II**

#### Purpose

The purpose for which Company is organized is to transact any or all lawful business for which limited liability companies may be organized under the Florida Limited Liability Company Act.

#### ARTICLE III

#### **Principal Address**

The address of company's principal place of business and mailing address in Florida is 21315 Northeast 51<sup>st</sup> Avenue, Earleton, Florida 32631.

#### ARTICLE IV

#### Initial Manager

The initial Manager of the Company shall be James Slaff, 21315 Northeast 51<sup>st</sup> Avenue, Earleton, Florida 32631.

#### **ARTICLE V**

### Registered Agent and office

The name of Company's initial registered agent in Florida is Scott David Krueger. T' address of Company's registered office in Florida is 2750 Northwest 43<sup>rd</sup> Street, Suite 2 Gainesville, Florida 32606.

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IN WITNESS WHEREOF, for the purpose of forming this limited liability company in accordance with the Florida Limited Liability Company Act, the undersigned has executed these Articles of Organization as an authorized representative of a member of the company on this 2007, day of February, 2007, at Gainesville, Florida.

Scott David Krueger

STATE OF FLORIDA COUNTY OF ALACHUA

Subscribed and acknowledged before me by Scott David Krueger, as an authorized representative of a member of the company, on this day of February, 2007. Scott David Krueger is personally known to me (yes no \_\_\_\_) or has produced \_\_\_\_\_ as identification.

NOTARY PUBLIC, STATE OF FLORIDA AT LARGE

Printed Name of Notary: Jamaica M. Hudnall

My Commissions Expires:

JAMAICA M. HUDNALL
MY COMMISSION # DD 274498
EXPIRES: June 17, 2007
Bonded Thru Budget Notary Services

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## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT AND REGISTERED OFFICE

In pursuance to the provisions of Chapter 608 of the Florida Statutes, the following is submitted in designating the registered agent and registered office in the state of Florida.

That "IM GI Geriatrics, L.L.C.", desiring to organize under the laws of the State of Florida, has named the following, who is located at the address indicated, as its agent to accept service of process within this state:

SCOTT DAVID KRUEGER 2750 NORTHWEST 43RD STREET, SUITE 201 GAINESVILLE, FLORIDA 32606

#### <u>ACKNOWLEDGMENT</u>

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION 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.