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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**SRINIVAS TAMMINEEDI, M.D., P.L.C.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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**ARTICLES OF ORGANIZATION**

**OF**

**SRINIVAS TAMMINEEDI, M.D., P.L.C.**

**a Florida Professional Limited Liability Company**

**ARTICLE I  
NAME**

The name of this Professional Limited Liability Company is SRINIVAS TAMMINEEDI, M.D., P.L.C. (the "Company").

**ARTICLE II  
ADDRESS**

The mailing address of the Professional Limited Liability Company is:

2431 Blue Stone Court, Valrico, FL 33594

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

2431 Blue Stone Court, Valrico, FL 33594

**ARTICLE III  
DURATION**

The Company's existence shall commence upon the acceptance of the Articles of Organization by the Secretary of State of Florida and shall continue in existence until the expiration of fifty (50) years from such commencement date, unless sooner terminated, liquidated, or dissolved by law or by the unanimous consent of the Members.

Alan S. Gassman, Esquire  
1245 Court Street, Suite 102  
Clearwater, FL 33756  
(727) 442-1200  
Florida Bar # 371750

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ARTICLES OF ORGANIZATION OF SRINIVAS TAMMINEEDI, M.D., P.L.C.

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#### **ARTICLE IV MANAGEMENT**

The Professional Limited Liability Company is to be managed by its sole Member and the name and address of such Member who is to serve is:

SRINIVAS TAMMINEEDI, M.D.  
2431 Blue Stone Court  
Valrico, FL 33594

#### **ARTICLE V ADMISSION OF NEW MEMBERS**

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

The manager may admit new members in its sole and unfettered discretion subject only to the condition that such additional member must agree in writing to be bound as a member by the Operating Agreement of the Company.

#### **ARTICLE VI MEMBERS RIGHTS TO CONTINUE BUSINESS**

The right, if given, of the remaining members of the professional limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the professional limited liability company shall be:

The death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the professional limited liability company shall not terminate the company, and the business of the company shall be automatically continued, so long as there is at least one remaining member.

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**ARTICLE VI  
NATURE OF BUSINESS**

The purpose for which the professional limited liability company is organized shall be to engage in and carry on all branches of the practice of medicine within the State of Florida, and to do those things that are necessary or proper in connection with that practice.

AUTHORIZED REPRESENTATIVE OF MEMBER  
SRINIVAS TAMMINEEDI, M.D., P.L.C.



ALAN S. GASSMAN

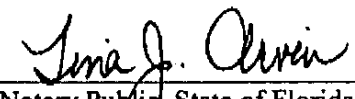
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STATE OF FLORIDA     )  
COUNTY OF PINELLAS    )

The foregoing instrument was acknowledged before me this 4th day of September, 2007, by ALAN S. GASSMAN, as Authorized Representative of SRINIVAS TAMMINEEDI, M.D., P.L.C., who is personally known to me.

Witness my hand and official seal in the county and state last aforesaid on the day and year first written above.



  
Notary Public, State of Florida  
My Commission Expires:

Alan S. Gassman, Esquire  
1245 Court Street, Suite 102  
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(727) 442-1200  
Florida Bar # 371750

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### ACCEPTANCE OF REGISTERED AGENT

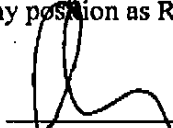
Pursuant to the provisions of Section 608.415 or 608.507, Florida Statutes, the undersigned Professional Limited Liability Company submits the following statement to designate a Registered Office and Registered Agent in the State of Florida:

The name of the Professional Limited Liability Company is: SRINIVAS TAMMINEEDI, M.D., P.L.C.

The name and Florida street address of the Registered Agent are:

Alan S. Gassman, Esquire  
1245 Court Street  
Suite 102  
Clearwater, FL 33756

Having been named as Registered Agent and to accept service of process for the above stated professional 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.

  
\_\_\_\_\_  
ALAN S. GASSMAN (SEAL)

J:\B\Brandon Anesthesia\Srinivas Tammineedi, M.D., P.L.C\Articles of Organization, I.wpd  
jas 9/4/07

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