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CORPDIRECT AGENTS, INC. (formerly CCRS) 515 EAST PARK AVENUE TALLAHASSEE, FL 32301 222-1173 FILING COVER SHEET ACCT. #FCA-14 **CONTACT: ASHLEY SMITH** DATE: 09-19-2007 **REF. #:** 000650.74735 CORP. NAME: DIGESTIVE DISEASE INSTITUTE OF SOUTH FLORIDA, LLC ( ) ARTICLES OF INCORPORATION ( ) ARTICLES OF AMENDMENT ( ) ARTICLES OF DISSOLUTION ( ) 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# 522970 FOR \$ 155.00 **AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:** COST LIMIT: \$\_\_\_\_ PLEASE RETURN: (XX) CERTIFIED COPY ( ) CERTIFICATE OF GOOD STANDING ( ) PLAIN STAMPED COPY ( ) CERTIFICATE OF STATUS

Examiner's Initials

### ARTICLES OF ORGANIZATION OF DIGESTIVE DISEASE INSTITUTE OF SOUTH FLORIDA, LLC

#### **ARTICLE I** Name

The name of the Limited Liability Company is Digestive Disease Institute of South Florida, LLC (the "Company").

#### **ARTICLE II** Address

The mailing address and street address of the principal office of the Company is 660 Glades Road, Suite 200, Boca Raton, Florida 33431.

#### **ARTICLE III** Registered Agent

The name of the Company's registered agent in the State of Florida is Howard Sonderling, M.D. and the address of the Company's registered office is 660 Glades Road, Suite 200, Boca Raton, Florida 33431.

#### 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 North University Drive Coral Springs, FL 33065

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#### 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

Gary Luckman, M.D., Partner

## 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 Digestive Disease Institute of South Florida, LLC
- 2. The name and address of the registered agent and office is: Howard Sonderling, M.D., 660 Glades Road, Suite 200, Boca Raton, Florida 33431.

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.

Howard Sonderling, M.D.