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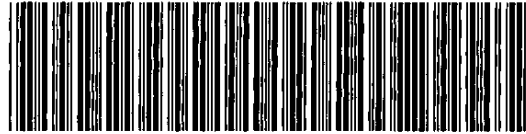
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SUNCOAST VEIN & VASCULAR CLINIC, P.L.C.

880 Riverside Drive,
Ormond Beach, FL 32716

October 15th, 2007

Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: SUNCOAST VEIN & VASCULAR CLINIC, P.L.C.

Dear Sirs,

Enclosed are the original and one copy of the Articles of Organization for SUNCOAST VEIN & VASCULAR CLINIC, P.L.C. and a check for the amount of \$ 125 for filing fees. Please return a file date stamped copy in the envelope provided.

Sincerely,

A handwritten signature in black ink, appearing to read 'Sukhender', with a long horizontal flourish extending to the right.

Dr. Sukhender Singireddy

ARTICLES OF ORGANIZATION

FOR

SUNCOAST VEIN & VASCULAR CLINIC, P.L.C.

A FLORIDA PROFESSIONAL LIMITED LIABILITY COMPANY

The undersigned individual, licensed as a medical doctor in the State of Florida, acting as member for purposes of forming a professional limited liability company for profit under Chapter 621 and Chapter 608 of the Florida Statutes, does hereby adopt the following Articles of Organization.

ARTICLE 1 – NAME

The name of the professional limited liability company is **SUNCOAST VEIN & VASCULAR CLINIC, P.L.C.**

ARTICLE II – PURPOSE

The general nature and purpose of the business to be transacted and carried on by the limited liability company is to engage in the practice of medicine and to carry on services incident thereto. The professional services of this limited liability company shall be carried out only through members, each of whom is a medical doctor licensed in the State of Florida.

ARTICLE III – ADDRESS

The mailing address of the principal office of the professional limited liability company is 880 Riverside Drive, Ormond Beach, FL 32716 and the Street address is 880 Riverside Drive, Ormond Beach FL 32716.

ARTICLE IV – DURATION

The period of duration for the professional limited liability company is perpetual.

ARTICLE V – MANAGEMENT

The professional limited liability company is to be managed by a Managing Member and the name and address of the Managing Member is:

Dr. Sukhender Singireddy
880 Riverside Drive, Ormond Beach, FL 32716

SECRETARY
DIVISION

07 OCT 19 PM 2:38

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA
STATUTES, THE UNDERSIGNED PROFESSIONAL LIMITED COMPANY
SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED
OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the professional limited liability company is **SUNCOAST VEIN
& VASCULAR CLINIC, P.L.C.**
2. The name and the Florida street address of the registered agent are:

Dr. Sukhender Singireddy
880 Riverside Drive, Ormand Beach, FL 32716

Having been named as registered agent and to accept service of process for the
above stated professional limited liability company at the place designated on 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.



Dr. Sukhender Singireddy