

LO700018073

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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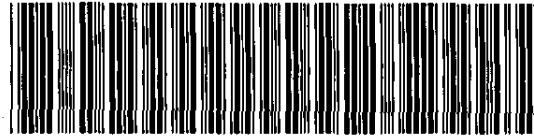
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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T. Hampton DEC 11 2007

*Law Offices*

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**SCOTT DAVID KRUEGER, CHARTERED**

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*A Professional Corporation*

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

December 6, 2007

Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301  
Attention: Tammy Hampton  
Regulatory Specialist II

Via FedEx 2<sup>nd</sup> day delivery

Re: Incorporation of IM Geriatrics GI, L.L.C.  
Document Number L07000118073

Dear Ms. Hampton, or to whom it may concern:

I enclose a corrected Articles of Organization for the above referenced entity; the prior filing for the company inadvertently did not include the complete name in Article I (a copy of the original filing is also enclosed for your reference). Also enclosed is a check in the amount of \$25.00 to cover the filing fees. If you should have any questions, please do not hesitate to contact me directly.

Finally, please send confirmation to the above address at your earliest convenience.

Sincerely yours,



Scott David Krueger

enclosures

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**CORRECTED**  
**ARTICLES OF ORGANIZATION OF**  
**IM GERIATRICS GI, L.L.C.**

The undersigned adopts the following Corrected Articles of Organization for the purpose of becoming a limited liability company under the Florida Limited Liability Company Act, Document number L07000118073, correcting a typographical error for the name described in Article I.

**ARTICLE I**

**Name**

The name of the limited liability company, referred to in these Articles as "company," is **IM Geriatrics GI, L.L.C.** and is **effective as of November 20, 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 2330 Southwest Williston Road, #2616, Gainesville, Florida 32608.

**ARTICLE IV**

**Initial Manager**

The initial Manager of the Company shall be Noreen Cotter, 2330 Southwest Williston Road, #2616, Gainesville, Florida 32608.

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ARTICLE V

Registered Agent and office

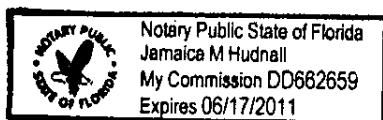
The name of Company's initial registered agent in Florida is Scott David Krueger. The address of Company's registered office in Florida is 2750 Northwest 43<sup>rd</sup> Street, Suite 201, Gainesville, Florida 32606.


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 6<sup>th</sup> day of December, 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 6<sup>th</sup> day of December, 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:

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 GERIATRICS GI, 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

ACKNOWLEDGMENT

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.

  
\_\_\_\_\_  
Scott David Krueger

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DIVISION OF CORPORATIONS  
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**Effective Date**

11/20/07

**ARTICLES OF ORGANIZATION OF  
IM GERIATRICS GI, 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 Geriatrics, L.L.C.** and is effective as of **November 20, 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 2330 Southwest Williston Road, #2616, Gainesville, Florida 32608.

**ARTICLE IV**

**Initial Manager**

The initial Manager of the Company shall be Noreen Cotter, 2330 Southwest Williston Road, #2616, Gainesville, Florida 32608.

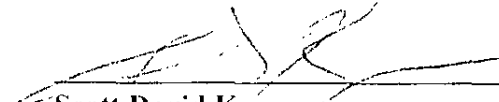
**ARTICLE V**

**Registered Agent and office**

The name of Company's initial registered agent in Florida is Scott David Krueger. The address of Company's registered office in Florida is 2750 Northwest 43<sup>rd</sup> Street, Suite 201, Gainesville, Florida 32606.

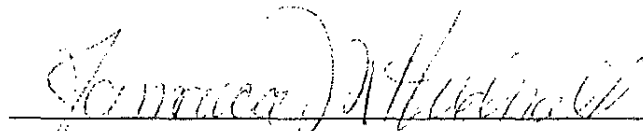
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IN WITNESS WHEREOF, for the purpose of forming this limited liability company in accordance with the Florida Limited Liability Company Act, the undersigned has executed these Articles of Organization as an authorized representative of a member of the company on this 21 day of November, 2007, at Gainesville, Florida.

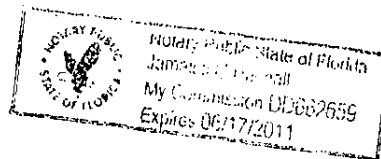
  
\_\_\_\_\_  
Scott David Krueger

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 21 day of November, 2007. **Scott David Krueger** is personally known to me (yes X no   ) or has produced \_\_\_\_\_ as identification.

  
\_\_\_\_\_  
NOTARY PUBLIC, STATE OF FLORIDA AT LARGE  
Printed Name of Notary: Jamaica M. Hudnall  
My Commissions Expires:

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CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT AND REGISTERED OFFICE

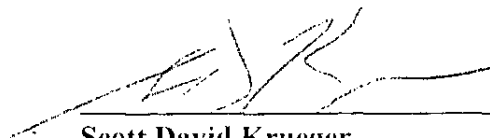
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That **"IM GERIATRICS , L.L.C."**, desiring to organize under the laws of the State of Florida, has named the following, who is located at the address indicated, as its agent to accept service of process within this state:

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

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Scott David Krueger

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