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GASSMAN, B. S&ASSOC

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From:

Account Name : GASSMAN & ASSOCIATES, P.A.
Account Number : 075350000514
Phone : (727) 442-1200
Fax Number : (727) 443-5829

EXAMINER

FLORIDA/FOREIGN LIMITED LIABILITY CO.

KAREN M. STAGGS, M.D., P.L.C.

Certificate of Status	0
Certified Copy	0
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ARTICLES OF ORGANIZATION

OF

KAREN M. STAGGS, M.D., P.L.C.,

a Florida Professional Limited Liability Company

**ARTICLE I
NAME**

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

**ARTICLE II
ADDRESS**

The mailing address of the Professional Limited Liability Company is:

10338 Palermo Circle, #103
Tampa, Florida 33619

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

10338 Palermo Circle, #103
Tampa, Florida 33619

**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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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:

KAREN M. STAGGS, M.D.
10338 Palermo Circle, #103
Tampa, Florida 33619

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.

Alan S. Gassman, Esquire
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Audit Fax #: 4080001863583**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
KAREN M. STAGGS, M.D., P.L.C.


ALAN S. GASSMAN

STATE OF FLORIDA)
COUNTY OF PINELLAS)

The foregoing instrument was acknowledged before me this 1st day of August, 2008, by ALAN S. GASSMAN, as Authorized Representative of KAREN M. STAGGS, 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
Clearwater, FL 33756
(727) 442-1200
Florida Bar # 371750

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Audit Fax #: 4080001863583**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: KAREN M. STAGGS, 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.

 (SEAL)
ALAN S. GASSMAN

JAB\Brandon Anesthesia\Karen M. Staggs, M.D., P.L.C\Articles of Organization.1.wpd
jas 8/1/08

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