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To:

Division of Corporations  
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L. SELLERS

DEC 11 2008

From:

Account Name : SHUMAKER, LOOP & KENDRICK LLP  
Account Number : 075500004387  
Phone : (813) 229-7600  
Fax Number : (813) 229-1660

EXAMINER

FLORIDA/FOREIGN LIMITED LIABILITY CO.

ADVANCE GASTROENTEROLOGY AND PULMONARY CARE, PL

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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**ARTICLES OF ORGANIZATION  
FOR  
ADVANCE GASTROENTEROLOGY AND PULMONARY CARE, P.L.**

**ARTICLE I - Name**

The name of the Professional Limited Liability Company is:

**ADVANCE GASTROENTEROLOGY AND PULMONARY CARE, P.L.**

**ARTICLE II - Address**

The mailing address and street address of the Professional Limited Liability Company is:

17222 Hospital Boulevard, Suite 318  
Brooksville, Florida 34601

**ARTICLE III - Professional Services Rendered**

The Professional Limited Liability Company shall render medical services.

**ARTICLE IV - Management**

The Professional Limited Liability Company will be managed by a manager or managers; one of whose name and address is:

Dr. Sayed T. Bin-Sagheer  
13810 Hamilton St.  
Omaha, Nebraska 68154

**ARTICLE V - Registered Agent and Registered Address**

The name and the street address of the registered agent is:

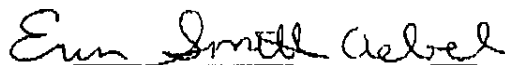
Erin Smith Aebel, Esq.  
Shumaker, Loop & Kendrick, LLP  
101 East Kennedy Boulevard  
Suite 2800  
Tampa, Florida 33602

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IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization as a Member, or Authorized Representative of a Member, this 10 day of December, 2008.

A handwritten signature in cursive script, reading "Erin Smith-Aebel", is written over a horizontal line.

Erin Smith-Aebel,  
Authorized Representative of a Member

(In accordance with Section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, 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.

1. The name of the professional limited liability company is ADVANCE GASTROENTEROLOGY AND PULMONARY CARE, P.L.
2. The name and the Florida street address of the registered agent are:

Erin Smith Aebel, Esq.  
Shumaker, Loop & Kendrick, LLP  
101 East Kennedy Boulevard  
Suite 2800  
Tampa, Florida 33602

*Having been named as registered agent and to accept service of process for the above stated 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.*

Erin Smith Aebel  
Erin Smith Aebel, Esq.  
Registered Agent

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