

L09000072832

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

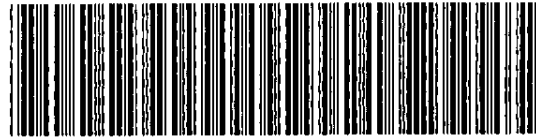
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600158920806

07/29/09--01033--016 **155.00

RECEIVED
09 JUL 29 PM 2:00
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
STATE OF FLORIDA

FILED
09 JUL 29 PM 4:15
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

B. KOHR

JUL 29 2009

EXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: Kim Weidenbach

DATE: 07/29/09

REF. #: 000650.108043

CORP. NAME: DIGESTIVE CARE OF NORTH BROWARD, LLC

09 JUL 29 PM 4:13
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 531183 **FOR \$** 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: \$** _____

PLEASE RETURN:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

**Articles of Organization
Digestive CARE of North Broward, LLC**

FILED
09 JUL 29 PM 4: 19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLE I
Name**

The name of the Limited Liability Company is Digestive CARE of North Broward, LLC (the "Company").

**ARTICLE II
Address**

The mailing address and street address of the principal office of the Company is 3001 Coral Hills Drive, Suite 250, Coral Springs, Florida 33065.

**ARTICLE III
Registered Agent**

The name of the Company's registered agent in the State of Florida is Michael Sternthal, M.D. and the address of the Company's registered office is 3001 Coral Hills Drive, Suite 250, Coral Springs, Florida 33065.

**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

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

By: 
Edward Deutsch, M.D., President

**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 CARE of North Broward, LLC
2. The name and address of the registered agent and office is: Michael Sternthal, M.D., 3001 Coral Hills Drive, Suite 250, Coral Springs, Florida 33065.

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.



Michael Sternthal, M.D.