

L10VVU 026757

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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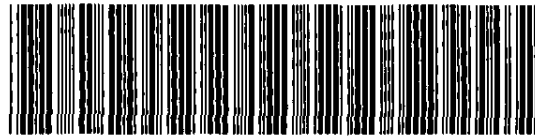
(Business Entity Name)

(Document Number)

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RECEIVED
10 MAR 10 AM 9:52
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
10 MAR 10 PM 1:13
SECRETARY OF STATE
DIVISION OF CORPORATIONS

B. KOHR

MAR 10 2010

EXAMINER

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

FILING COVER SHEET
ACCT. #FCA-14

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAR 10 PM 1:13

CONTACT: ASHLEY SMITH

DATE: 03/09/2010

REF. #: 000650.121224

CORP. NAME: NORTH COUNTY CENTER FOR DIGESTIVE HEALTH, LLC

- | | | |
|------------------------------------------------------|-------------------------------------------------|-------------------------------------------------------|
| <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# 534050 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
OF
North County Center for Digestive Health, LLC**

FILED
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DIVISION OF CORPORATIONS
10 MAR 10 PM 1:13

**ARTICLE I
Name**

The name of the Limited Liability Company is North County Center for Digestive Health, LLC (the "Company").

**ARTICLE II
Address**

The mailing address and street address of the principal office of the Company is 1002 So. Old Dixie Highway, Ste. 201, Jupiter, FL 33458.

**ARTICLE III
Registered Agent**

The name of the Company's registered agent in the State of Florida is Sheldon J. Taub, M.D. and the address of the Company's registered office is 1002 So. Old Dixie Highway, Ste. 201, Jupiter, FL 33458.

**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., Partner

**CERTIFICATE OF DESIGNATION
OF**

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 North County Center for Digestive Health, LLC
2. The name and address of the registered agent and office is: Sheldon J. Taub, M.D., 1002 So. Old Dixie Highway, Ste. 201, Jupiter, FL 33458.

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.

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Sheldon J. Taub, M.D.

**NORTH COUNTY CENTER FOR DIGESTIVE HEALTH, INC.
1002 S. OLD DIXIE HIGHWAY, SUITE 201
JUPITER, FLORIDA 33458**

March 5, 2010

Florida Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Re: North County Center for Digestive Health, LLC


Dear Sir or Madam:

The undersigned, as Secretary and a Director of North County Center for Digestive Health, Inc., a Florida corporation, hereby authorizes use of the name "North County Center for Digestive Health, LLC", a to-be-formed Florida limited liability company. Any potential name conflicts are hereby waived.

Thank you.

Sincerely,

North County Center for Digestive Health, Inc.,
a Florida corporation
Document Number 673124

By: 
Sheldon J. Taub, M.D.
Secretary and Director