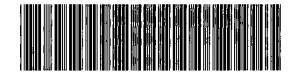
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SALLAHASSEE, FLORID

J. BRYAN

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EXAMINER

COVER LETTER

TC	D: Registration Section Division of Corporations
SU	BJECT: Infectious Diseases Consultants, Madhuri Sankuratri, M.D., LLC.
	Name of Limited Liability Company
Th	e enclosed Articles of Organization and fee(s) are submitted for filing.
Ple	ease return all correspondence concerning this matter to the following:
	Madhuri Sankuratri, MD
	Name of Person
	Firm/Company
	10144 SW 98th Terrace
	Address
	Gainesville, FL 32608
	City/State and Zip Code
	msankuratri@gmail.com E-mail address: (to be used for future annual report notification)
For	r further information concerning this matter, please call:
Ve	enkateswara Rao Sankuratri at (352) 213-7028
4	Name of Person Area Code & Daytime Telephone Number
En	closed is a check for the following amount:
]\$12:	5.00 Filing Fee \$\int \\$130.00 Filing Fee & Certificate of Status \$\int \text{Certified Copy} \\ \text{(additional copy is enclosed)} \int \text{Certified Copy} \\ \text{(additional copy is enclosed)} \end{additional copy is enclosed}
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Infectious Diseases Consultants, Madhuri Sankuratri, M.D., LLC.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:	Maning Address:
10144 SW 98th Terrace	10144 SW 98th Terrace
Gainesville, FL 32608	Gainesville, FL 32608
	Effective Date 01/05/1
Venkateswara F	Rao Sankuratri 🙃 📆 💍
-	Rao Sankuratri PSE 3
10144 SW	98th Terrace
Florida	a street address (P.O. Box NOT acceptable)
Gainesville,	FL 32608
	City, State, and Zip
Having heen named as registered agen	it and to accept service of process for the above stated limited

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 as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

MGRM	Madhuri Sankuratri, M.D.
	10144 SW 98th Terrace
	Gainesville, FL 32608
MGRM	Venkateswara Rao Sankuratri
	10144 SW 98th Terrace
	Gainesville, FL 32608
	STARY OF STALE
Use attachment if necessary)	
EV: Effective date, if other than the	he date of filing: 01/05/2011 (OPTIONA

Signature of a member or an 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

SANKURATRI, VENKATESWARA RAO

5. Verbatituare las

Typed or printed name of signee

Filing Fees:

REQUIRED SIGNATURE:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)