

L11VVVVVV191

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

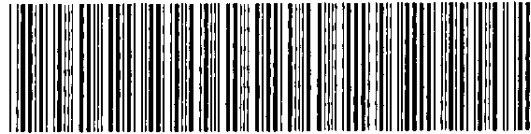
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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B. KOHR

JAN -3 2011

EXAMINER

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

FILING COVER SHEET  
ACCT. #FCA-14

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DIVISION OF CORPORATIONS  
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CONTACT: Katie Wonsch

DATE: 1/3/11

REF. #: 000650.139125

CORP. NAME: SARASOTA CENTER FOR DIGESTIVE DISEASE, 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# 538022 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |  |   |   |
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| <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  
SARASOTA CENTER FOR DIGESTIVE DISEASE, LLC**

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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**ARTICLE I  
Name**

The name of the Limited Liability Company is SARASOTA CENTER FOR DIGESTIVE DISEASE, LLC (the "Company").

**ARTICLE II  
Address**

The mailing address and street address of the principal office of the Company is located at 3325 S. Tamiami Trail, Suite 200, Sarasota, Florida 34239.

**ARTICLE III  
Registered Agent**

The name of the Company's registered agent in the State of Florida is Arun Khazanchi, M.D. and the address of the Company's registered office is 105 Triple Diamond Blvd., Suite 201, North Venice, Florida 34275.

**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:

Florida Digestive Health Specialists, LLP  
105 Triple Diamond Blvd., Suite 201  
North Venice, Florida 34275

**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:**

FLORIDA DIGESTIVE HEALTH SPECIALISTS,  
LLP, a Florida limited liability partnership

By: 

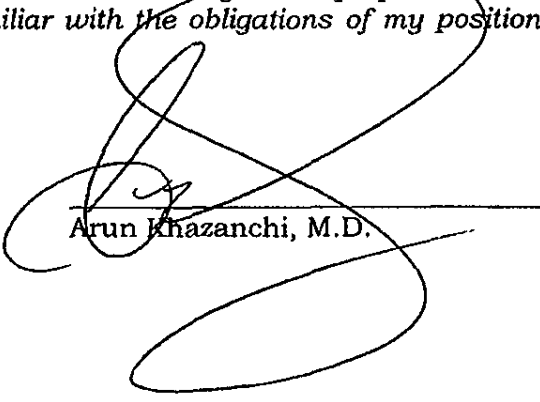
Arun Khazanchi, M.D., Partner

**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: SARASOTA CENTER FOR DIGESTIVE DISEASE, LLC
2. The name and address of the registered agent and office is: Arun Khazanchi, M.D., 105 Triple Diamond Blvd., Suite 201, North Venice, Florida 34275.

*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.*

  
\_\_\_\_\_  
Arun Khazanchi, M.D.

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SARASOTA CENTER FOR DIGESTIVE DISEASES, P.A.  
3325 S. TAMiami TRAIL  
SARASOTA, FL 34239

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January 3, 2011

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

**Re: *Sarasota Center For Digestive Disease, LLC***

Dear Sir or Madam:

The undersigned, as President of Sarasota Center For Digestive Diseases, P.A., a Florida professional association, registered under Document Number J22167, hereby authorizes use of the name "Sarasota Center For Digestive Disease, LLC", by a to-be-formed Florida limited liability company filing Articles of Organization in Florida. Any potential name conflicts are hereby waived.

Thank you.

Sincerely,

Sarasota Center For Digestive Diseases, P.A.,  
a Florida professional association  
Document Number J22167

By:   
Charles J. Loewe, M.D., President