

L110VVU 92963

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

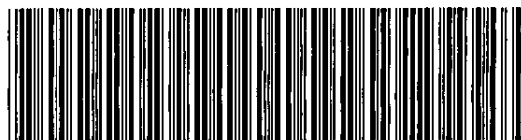
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400210656404

08/15/11--01001--016 **155.00

NOT RECORDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

2011 AUG 12 PM 4:37

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

11 AUG 12 AM 8:10

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

B. KOHR

AUG 15 2011

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
11 AUG 12 AM 8:10

CONTACT: RICKY SOTO

DATE: 08/12/2011

REF. #: 000650.152720

CORP. NAME: FLORIDA DIGESTIVE HEALTH SPECIALISTS REVENUE CYCLE COMPANY, 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# 541039 **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
FLORIDA DIGESTIVE HEALTH SPECIALISTS REVENUE CYCLE COMPANY, LLC**

FILED STATE
SECRETARY OF CORPORATIONS
11 AUG 12 AM 8:10

**ARTICLE I
Name**

The name of the Limited Liability Company is FLORIDA DIGESTIVE HEALTH SPECIALISTS REVENUE CYCLE COMPANY, LLC (the "Company").

**ARTICLE II
Address**

The mailing address and street address of the principal office of the Company is located at 105 Triple Diamond Blvd., Suite 201, North Venice, Florida 34275.

**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: FLORIDA DIGESTIVE HEALTH SPECIALISTS REVENUE CYCLE COMPANY, 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.