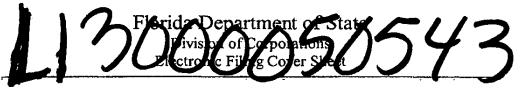
Division of Corporations

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Account Number : 070651000745 Phone : (727)799-4840

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FLORIDA LIMITED LIABILITY CO.

Bay Area Digestive Health Specialists, LLC

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME

The name of the Limited Liability Company is:

Bay Area Digestive Health Specialists, LLC

ARTICLE 11 - ADDRESS

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

5767 – 49th Street., North St. Petersburg, FL 33709

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the registered agent are:

Jayaprakash Kamath 5767-49th Street North St. Petersburg, FL 33709 7 PR -5 AM 8: 38

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.

Jayaprakash K. Kamath, Registered Agent

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ARTICLE IV - MANAGEMENT

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager – managed company.

ARTICLE V - MANAGERS

The name and address of each Manager is as follows:

Title:

Name and Address:

Manager

Jayaprakash K. Kamath 2422 Kent Place S. Clearwater, FL 33764-7559

Jayaprakash K. Kamath, Manager

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.

Jayaprakash K, Kamath
Typed or printed name of signee

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