

EXAMINER

**COVER LETTER**

**To: Registration Section**

**Division of Corporations**

**SUBJECT: CARDIOVASCULAR SPECIALTY CENTER, PLLC**

The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:

Name of Person: Dr. Sanjeev Bhatta

Firm/Company: CARDIOVASCULAR SPECIALTY CENTER, PLLC

Address: 803 East Dixie Avenue

City/State and Zip Code: Leesburg, Florida 34748

E-mail address: (to be used for future annual report notification): sanjeevbhatta@hotmail.com

For further information concerning this matter, please call: **Law Office of Sami J Sahab at (352) 430-7046**

Enclosed is a check for the following amount:

**\$160.00 Filing Fee, Certificate of Status and Certified Copy**

Mailing Address:

**Registration Section**

**Division of Corporations**

**P.O. Box 6327 Tallahassee, FL 32314**

FILED  
2014 JUN 14 PM 12:56  
TALLAHASSEE, FL  
CLERK OF CIRCUIT COURT

**ARTICLES OF ORGANIZATION FOR FLORIDA PROFESSIONAL LIMITED LIABILITY  
COMPANY**

**ARTICLE I**

The name of the Professional Limited Liability Company is: **CARDIOVASCULAR SPECIALTY  
CENTER, PLLC**

**ARTICLE II**

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

803 E. DIXIE AVENUE

LEESBURG, FL 34748

**ARTICLE III**

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

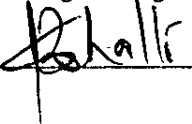
SANJEEV BHATTA

803 E. DIXIE AVENUE

LEESBURG, FL 34748

*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 605, F.S..*

Registered Agent's Signature:

 SANJEEV BHATTA

**ARTICLE IV**

The name and address of each person authorized to manage and control the Professional Limited Liability  
Company:

Title: MGR

SANJEEV BHATTA

803 E. DIXIE AVENUE

LEESBURG, FL 34748

2014 JUN -4 PM 2:57  
RECEIVED  
CLERK OF COURT  
JUDICIAL CIRCUIT IN AND FOR  
THE SEVENTH JUDICIAL CIRCUIT  
IN FLORIDA  
LEESBURG, FL

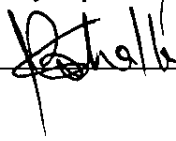
ARTICLE VI: Purpose - The purpose shall be the provision of professional  
Cardiovascular medicine and patient care

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)



SANJEEV BHATTA

FILED

2014 OCT -4 P 12:57

NOTARY PUBLIC



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 14, 2014

DR. SANJEEV BHATTA  
803 EAST DIXIE AVENUE  
LEESBURG, FL 34748

SUBJECT: CARDIOVASCULAR SPECIALTY CENTER, PLLC  
Ref. Number: W14000009736

We have received your document for CARDIOVASCULAR SPECIALTY CENTER, PLLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific purpose of the entity must be set forth in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 114A00003439

2014 FEB 14 PM 2:57  
FEB 14 2014  
FEB 14 2014