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Email Address: vincent.hayes@fdhs.com

FLORIDA LIMITED LIABILITY CO.  
FDHS Hospitalist, LLC

Certificate of Status	0
Certified Copy	1
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**ARTICLES OF ORGANIZATION  
OF  
FDHS HOSPITALIST, LLC**

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**ARTICLE I  
Name**

The name of the Limited Liability Company is FDHS HOSPITALIST, LLC (the "Company").

**ARTICLE II  
Address**

The mailing address and street address of the principal office of the Company is located at 10920 Technology Terrace, Lakewood Ranch, Florida 34211.

**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 10920 Technology Terrace, Lakewood Ranch, Florida 34211.

**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  
10920 Technology Terrace  
Lakewood Ranch, Florida 34211

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**ARTICLE VI**  
**Admission of Additional Members**

Unless otherwise provided in the Company's operating agreement, as may be adopted from time to time, Members shall have the right to admit additional members as provided by the Florida Revised 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

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**CERTIFICATE OF DESIGNATION  
OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.113, 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: FDHS HOSPITALIST, LLC
2. The name and address of the registered agent and office is: Arun Khazanchi, M.D., 10820 Technology Terrace, Lakewood Ranch, Florida 34211.

*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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