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**Wolters Kluwer**

2075 Centre Pointe Boulevard, Tallahassee, FL, 32308

850-205-8842

**Murali Krishna, M.D., LLC**


**Thank you!**

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<input type="checkbox"/> Nonprofit		
<input type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	
<b>Formation</b>	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input checked="" type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input type="checkbox"/> CUS
<b>New Formation</b>		
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
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2/5/2016

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Order#:  
**9869959**

Ref#: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

MURALI KRISHNA, M.D., P.A.  
1009 HARVIN WAY, SUITE 110  
ROCKLEDGE, FLORIDA 32955

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February 4, 2016

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

**Re: Murali Krishna, M.D., LLC**

Dear Sir or Madam:

The undersigned, as President of Murali Krishna, M.D., P.A., a Florida professional association, registered under Document Number P13000079950, hereby authorizes use of the name "Murali Krishna, M.D., 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,

Murali Krishna, M.D., P.A.,  
a Florida professional association  
Document Number P13000079950

By: Murali Krishna  
Murali Krishna, M.D., President

**ARTICLES OF ORGANIZATION  
OF  
MURALI KRISHNA, M.D., LLC**

The undersigned does hereby subscribe to, acknowledge and file the following Articles of Organization for the purpose of forming a limited liability company under the laws of the State of Florida.

**ARTICLE I  
Name**

The name of the Limited Liability Company is **MURALI KRISHNA, M.D., LLC** (the "Company").

**ARTICLE II  
Address**

The street address of the principal office of the Company is located at 1009 Harvin Way, Suite 110, Rockledge, Florida 32955 and the Company's mailing address is 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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IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization of MURALI KRISHNA, M.D., LLC this 4<sup>th</sup> day of February, 2016.

**MEMBER:**

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

By: 

Arun Khazanchi, M.D., President

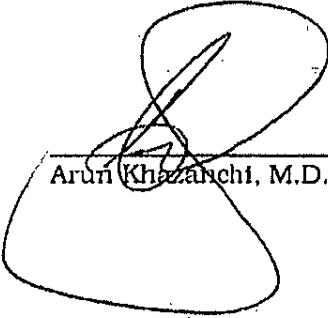
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STATE  
OF FLORIDA

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

PURSUANT TO THE PROVISIONS OF SECTION 605.0113, 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: **MURALI KRISHNA, M.D., LLC**
2. The name and address of the registered agent and office is: Arun Khazanchi, M.D., 10920 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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OFFICE OF  
RECORDS