

L16000093223

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

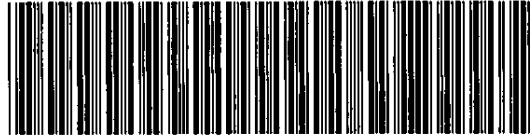
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/19/16--01018--004 **125.00

W110-30558

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
MAY 13 AM 9:50
7-108

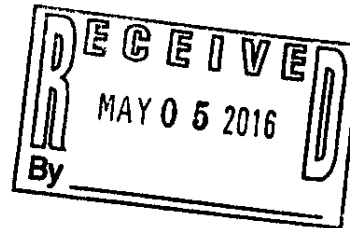
TUX
5-8-16



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 25, 2016

JONI BROWN
5431 N. UNIVERSITY DR.
CORAL SPRINGS, FL 33067



SUBJECT: CENTER FOR GASTROENTEROLGY, LLC
Ref. Number: W16000030558

We have received your document for CENTER FOR GASTROENTEROLGY, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P06000131292 (CENTER FOR GASTROENTEROLOGY, P.A.).

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) 245-6052.

TANYA L HENDERSON
Regulatory Specialist II

Letter Number: 516A00008502

RECEIVED
MAY 13 AM 9:50
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

RECEIVED
MAY 13 PM 12:28
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

TIN: 20.3207949

May 6, 2016

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: REF W16000030558

Dear Sir or Madame:

In reply to your letter returning our application for new Limited Liability Company, please see the following:

Please note this entity is changing FROM:

Center for Gastroenterology, P.A.

TO:


Center of Gastroenterology, LLC
which is **20-3207949**.

AND under a different Tax Identification Number

Please process the request at your earliest convenience.

Thank you in advance for your assistance.

Respectfully,



Joni Brown, MBA/MHCM
Chief Executive Officer
Digestive CARE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Center for Gastroenterology, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joni Brown
Name of Person

GastroCare, LLP
Firm/Company

5431 N. University Dr.
Address

Coral Springs, FL 33067
City/State and Zip Code

n/a
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joni Brown at (954) 344-2502
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:



\$125.00 Filing Fee



\$130.00 Filing Fee &
Certificate of Status



\$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)



\$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Center of Gastroenterology, LLC
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC")

ARTICLE II - Address:

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

Principal Office Address:

12251 Taft Street
#401
Pembroke Pines, FL 33026

Mailing Address:

5431 N. University Dr.
Coral Springs, FL
33067

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Katherine Kosche, MD
Name
5431 N. University Dr.
Florida street address (P.O. Box **NOT** acceptable)
Coral Springs FL 33067
City State Zip

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..

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

440000
19 MAY 13 AM 9:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

MGRM

Name and Address:

Katherine Kosche, MD
5431 N. University Dr.
Coral Springs, FL 33067

GastroCare, LLP
5431 N. University Dr.
Coral Springs, FL 33067

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

Joni Brown

Typed or printed name of signer

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

FILED
16 MAY 13 AM 9:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA