

Division of Corporations

**Florida Department of State**  
**Division of Corporations**  
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Division of Corporations  
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**FLORIDA LIMITED LIABILITY CO.**  
**Inpatient Specialists of West Florida, LLC**

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**ARTICLES OF ORGANIZATION  
FOR  
INPATIENT SPECIALISTS OF WEST FLORIDA, LLC**

**ARTICLE I – Name:**

The name of the Limited Liability Company is **Inpatient Specialists of West Florida, LLC.**

**ARTICLE II – Address:**

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

2845 SE 3<sup>rd</sup> CT  
Ocala, Florida 34471

**ARTICLE III– Manager:**

The Limited Liability Company will be manager-managed. The name, title and address of the initial manager of the Limited Liability Company is:

Title	Name and Address
MGR	Leka Sivasckaran 2845 SE 3 <sup>rd</sup> CT Ocala, Florida 34471

**ARTICLE IV – Indemnification:**

The Limited Liability Company shall, to the full extent permitted by Section 605.0408, of the Florida Statutes, as amended from time to time, indemnify all persons whom it may indemnify pursuant thereto. The indemnification provided by this Article IV shall not limit or exclude any rights, indemnities or limitations of liabilities to which any person may be entitled, whether as a matter of law, under the regulations of the limited liability company, by agreement or otherwise.

**ARTICLE V - Registered Agent and Registered Address**

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

Ratnasabapathy Sivasekaran  
2845 SE 3<sup>rd</sup> CT  
Ocala, Florida 34471

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IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 10<sup>th</sup> day of February 2021.



\_\_\_\_\_  
Signature of 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 in section 817.155, Florida Statutes.)

Leka Sivasekaran

\_\_\_\_\_  
Typed or printed name of signee

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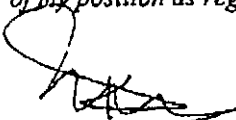
**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF CHAPTER 605, FLORIDA STATUTES, THE LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is **Inpatient Specialists of West Florida, LLC.**
2. The name and the Florida street address of the registered agent are:

Ratnasabapathy Sivasekaran  
2845 SE 3<sup>rd</sup> CT  
Ocala, Florida 34471

*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.*



\_\_\_\_\_  
Ratnasabapathy Sivasekaran  
Registered Agent

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