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Email Address: sali@pioneermedicalgroupflorida.com

FLORIDA LIMITED LIABILITY CO.
Pioneer Monongalia Medical Group, PLLC

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April 29, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

BAKER & HOSTETLER LLP

SUBJECT: PIONEER MONONGALIA MEDICAL GROUP , PLLC
REF: W21000058998

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name and capacity of the person signing as incorporator on behalf of must be stated beneath the signature.

If you have any further questions concerning your document, please call (850) 245-6052.

Alannah M Carranza
Regulatory Specialist II
New Filings

FAX Aud. #: H21000169700
Letter Number: 221A00008957

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Pioneer Monopalin Medical Group, PLLC

(Must contain 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:

Mailing Address:

13067 Telecom Parkway N.

Tampa, Florida 33637

13067 Telecom Parkway N.

Tampa, Florida 33637

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:

Syed Irfan Ali, M.D.

Name

13067 Telecom Parkway N.

Florida street address (P.O. Box NOT acceptable)

Tampa

Florida

33637

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.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member "MGR" = Manager	
<u>AMBR</u>	<u>Syed Irfan Ali, M.D.</u> <u>13067 Telecom Parkway N.</u> <u>Tampa, Florida 33637</u>
<u>AMBR</u>	<u>Ronnie Mercado, M.D.</u> <u>13067 Telecom Parkway N.</u> <u>Tampa, Florida 33637</u>
<u>AMBR</u>	<u>Milton Brown, M.D.</u> <u>13067 Telecom Parkway N.</u> <u>Tampa, Florida 33637</u>
<u>AMBR</u>	<u>Masood Khan, M.D.</u> <u>13067 Telecom Parkway N.</u> <u>Tampa, Florida 33637</u>


(Use attachment if necessary) Please see Attachment...

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. **PURPOSE:** The nature of the business to be conducted or promoted and the sole and specific purpose of the Company are to render professional services and any lawful act or activity allowed under and in accordance with applicable law. In furtherance of its purposes, the Company shall have all of the general and specific powers and rights granted to and conferred on a limited liability company by the Florida Limited Liability Company Act and the Florida Professional Service Corporation and Limited Liability Company Act.

REQUIRED SIGNATURE:



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.

Syed Irfan Ali, M.D.

Typed or printed name of signer

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 38.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

ATTACHMENT TO ARTICLE IV
(Continued)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR	Khizzar Shankat, M.D. 13067 Telecom Parkway N. Tampa, Florida 33637
AMBR	Dipti Mehta, M.D. 13067 Telecom Parkway N. Tampa, Florida 33637
AMBR	Kalpesh Patel, M.D. 13067 Telecom Parkway N. Tampa, Florida 33637
AMBR	Saif Nazar Abdollah, M.D. 13067 Telecom Parkway N. Tampa, Florida 33637
AMBR	Narsing Rao, M.D. 13067 Telecom Parkway N. Tampa, Florida 33637
AMBR	Adcel Husain, M.D. 13067 Telecom Parkway N. Tampa, Florida 33637
AMBR	Hasseb Hashmi, M.D. 13067 Telecom Parkway N. Tampa, Florida 33637
AMBR	Bhavik Vata, M.D. 13067 Telecom Parkway N. Tampa, Florida 33637