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(City/State/Zip/Phone #)

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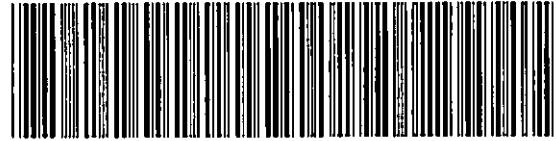
(Business Entity Name)

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**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Munroe Medical Provider, PLLC  
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:

Steven H. Kane  
Name of Person

Kane and Koltun, Attorneys at Law  
Firm/Company

150 Spartan Drive, Suite 100  
Address

Select or enter  
City/State and Zip Code

Maitland, FL 32751  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steven H. Kane at ( 407 ) 661-1177  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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**ARTICLES OF ORGANIZATION  
OF  
MUNROE MEDICAL PROVIDER, PLLC**

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The undersigned authorized representative, acting pursuant to Chapter 605 and Chapter 621, *Florida Statutes*, hereby forms a professional limited liability company in accordance with the laws of the State of Florida and adopts the following Articles of Organization for such limited liability company:

**ARTICLE I - NAME OF THE LIMITED LIABILITY COMPANY**

The name of the Professional Limited Liability Company is MUNROE MEDICAL PROVIDER, PLLC.

**ARTICLE II - PERIOD OF DURATION; EFFECTIVE DATE**

The Limited Liability Company shall exist perpetually, commencing at the date and time of filing of these Articles of Organization, as evidenced by the Florida Department of State's date and time endorsement.

**ARTICLE III - GENERAL NATURE OF BUSINESS**

The general nature of the business to be transacted by this Limited Liability Company is as follows:

A. To engage in every phase and aspect of the business of rendering professional Internal Medicine services to the public that a doctor duly licensed under the laws of the State of Florida is authorized to render (both inpatient and outpatient), but such professional services shall be rendered only through officers, employees and agents of this Limited Liability Company who are duly licensed under the laws of the State of Florida.

B. To invest the funds of this Limited Liability Company in certificates of deposit, real estate, mortgages, stocks, bonds or any other type of investments, and to own real and personal property necessary for the rendering of such professional services.

C. To do anything necessary and proper for the accomplishment or furtherance of any of the purposes or objects of the Limited Liability Company enumerated in these Articles of Organization or any amendment thereof, and to do any act necessary or incidental to the protection and benefit of the Limited Liability Company, either alone or in association with other corporations, limited liability companies, partnerships, individuals or other persons, and to carry on any lawful pursuit necessary or incidental to the accomplishment or furtherance of such purposes or objectives of the Limited Liability Company.

D. It is intended that this Limited Liability Company may conduct and transact any business lawfully authorized and not prohibited by Chapter 621, *Florida Statutes*, as the same may be from time to time amended.

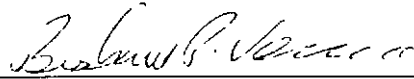
**ARTICLE IV - MAILING ADDRESS AND STREET ADDRESS OF  
THE PRINCIPAL OFFICE OF THE LIMITED LIABILITY COMPANY**

The mailing address of the Limited Liability Company is 1995 Bridgewater Drive, Lake Mary, Florida 32746, and the street address of the principal office of the Limited Liability Company is 1995 Bridgewater Drive, Lake Mary, Florida 32746.

**ARTICLE V - NAME AND STREET ADDRESS OF  
INITIAL REGISTERED AGENT**

The name of the initial registered agent of the Limited Liability Company is DR. BISHNU P. VERMA. The street address of the initial registered agent is 1995 Bridgewater Drive, Lake Mary, Florida 32746.

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, *Florida Statutes*.

  
DR. BISHNU P. VERMA

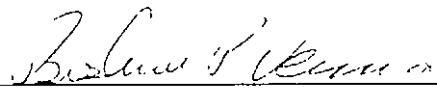
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ALL AMENDED

## ARTICLE VI - MANAGEMENT

The name and address of the person authorized to manage and control this Professional Limited Liability Company, who is a medical doctor duly licensed to render services as such under the laws of the State of Florida, are as follows:

<u>Name and Address</u>	<u>Title</u>
Bishnu P. Verma 1995 Bridgewater Drive Lake Mary, FL 32746	President
Anita Verma 1995 Bridgewater Drive Lake Mary, FL 32746	Secretary/Treasurer

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization on March 3, 2023.

  
\_\_\_\_\_  
DR. BISHNU P. VERMA

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