

L23000436039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

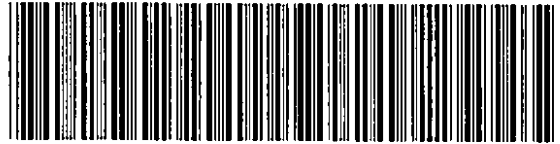
(Business Entity Name)

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**CT CORP**  
**(850)656-4724**  
**3458 Lakeshore Drive,**  
**Tallahassee, FL 32312**

**Date:** 09/20/2023

Acc#I20160000072

*en: c DW*

Name:	Seven Hills Cardiology, LLC
Document #:	
Order #:	15135860

Certified Copy of Arts & Amend:	<input type="checkbox"/>			
Plain Copy:	<input type="checkbox"/>			
Certificate of Good Standing:	<input type="checkbox"/>			
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Apostille/Notarial Certification:	<input type="checkbox"/>		Country of Destination:	
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Email Address for Annual Report Notification:

*jdeloach@citruscardiology.org*

Availability _____
Document _____
Examiner _____
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Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **125.00**

Thank you!

**COVER LETTER**

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

**SUBJECT:** Seven Hills Cardiology, 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:

Jan R. Ezell

\_\_\_\_\_  
Name of Person

Alston & Bird LLP

\_\_\_\_\_  
Firm/Company

1201 West Peachtree Street

\_\_\_\_\_  
Address

Atlanta, GA 30309-3424

\_\_\_\_\_  
City/State and Zip Code

jdeloach@citruscardiology.org

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jan R. Ezell

404

881-7442

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Seven Hills Cardiology, LLC

(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:

308 W. Highland Blvd.  
Inverness, FL 34452-4716

Mailing Address:

308 W. Highland Blvd.  
Inverness, FL 34452-4716

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:

Jerrald W. DeLoach

Name

308 W. Highland Blvd.

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

Inverness

FL

34452-4716

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.*

/s/ Jerrald W. DeLoach

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**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:**

(See attached)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(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:**

/s/ Jan R. Ezell

**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.

Jan R. Ezell

Typed or printed name of signee

**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)**

**ATTACHMENT TO  
ARTICLES OF ORGANIZATION  
OF  
SEVEN HILLS CARDIOLOGY, LLC**

**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>
MGR	Javier M. Gonzalez, M.D. 308 W. Highland Blvd. Inverness, FL 4452-4716
MGR	Srinivas Attanti, M.D. 308 W. Highland Blvd. Inverness, FL 4452-4716
MGR	Suman Pasupuleti, M.D. 308 W. Highland Blvd. Inverness, FL 4452-4716
MGR	Brian Saluck, D.O. 308 W. Highland Blvd. Inverness, FL 4452-4716
MGR	Hari Kannam, M.D. 308 W. Highland Blvd. Inverness, FL 4452-4716
MGR	Nishant Nerella, M.D. 308 W. Highland Blvd. Inverness, FL 4452-4716
MGR	Bernard Topi, M.D. 308 W. Highland Blvd. Inverness, FL 4452-4716
MGR	Bhaves B. Barad, M.D. 308 W. Highland Blvd. Inverness, FL 4452-4716

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