

L24000410467

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

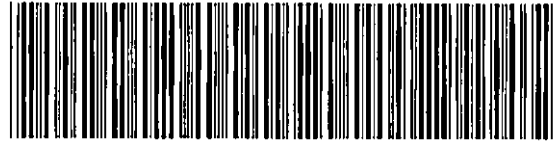
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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09/19/24--01032--012 **125.00

FILED
SEP 19 2024
SEP 19 2024
SEP 19 2024

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Bushnell Medical, 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:

Jerrald DeLoach

Name of Person

Firm/Company

308 W Highland Blvd

Address

Inverness, FL 34452

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:

Jerald DeLoach 352 634-0929
Name of Person at () 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 & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

2004 SEP 18 11:22
NEW FILING SECTION
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Bushnell Medical, 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

Mailing Address:

308 W Highland Blvd
Inverness, FL 34452

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 DeLoach

Name

308 W Highland Blvd

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

Inverness

FL

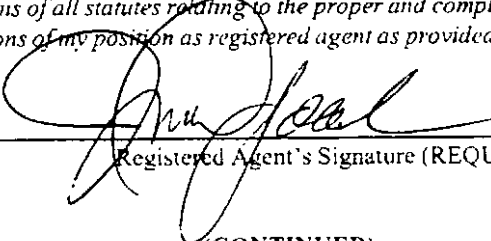
34452

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)

2024 SEP 18 11:11:29
SEC
11:53

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

Srinivas Attanti, MD
27758 Cypress Glen Ct
Yalaha, FL 34797

AMBR

Nishant Nerella, MD
2000 N Yawkey Pt
Hernando, FL 34442

AMBR

Bhavesb Barad
1522 N Eagle Ridge Path
Hernando, FL 34442

AMBR

Javier Gonzalez, MD
5483 County Road 125
Wildwood, FL 34785

(Use attachment if necessary) - See attached

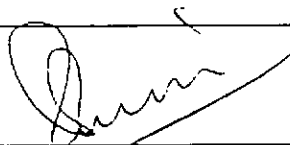
ARTICLE V: Effective date, if other than the date of filing: 09/03/2024 (OPTIONAL)

(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:



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.

Srinivas Attanti, MD

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)

2024 SEP 19 11:11:29
FILED
CLERK
STATE OF FLORIDA
TALLAHASSEE

<u>Title</u>	<u>Name and Address:</u>
<u>AMBR</u>	<u>Harichandra Kannam, MD</u> <u>1916 N Yawkey Pt</u> <u>Hernando, FL 34442</u>
<u>AMBR</u>	<u>Vinod Miryala, MD</u> <u>2777 CR 202</u> <u>Oxford, FL 34484</u>
<u>AMBR</u>	<u>Suman Pasupuleti, MD</u> <u>640 W Fenway Dr</u> <u>Hernando, FL 34442</u>
<u>AMBR</u>	<u>Rakesh Prashad</u> <u>5015 SE 7th Avenue</u> <u>Ocala, FL 34480</u>
<u>AMBR</u>	<u>Brian Saluck, DO</u> <u>10149 Lake Miona Way</u> <u>Oxford, FL 34484</u>
<u>AMBR</u>	<u>Bernard Topi</u> <u>1602 W Spring Meadow Loop</u> <u>Hernando, FL 34442</u>

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