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SEP-15-1995 1610G CARUNCHO & MUR, P.A. 19500000712 P.01
ADVIS 9/95 DIVISION OF CORPORATIONS 2:4 PM

((H95000010360))) PUBLIC ACCESS SYSTEM
ELECTRONIC FILING COVER SHEET
TO: DIVISION OF CORPORATIONS FROM: CARUNCHO & MUR, P.A.
DEPARTMENT OF STATE 2600 DOUGLAS RD
STATE OF FLORIDA #501
409 EAST GAINES STREET CORAL GABLES FL 33134-00000127
TALLAHASSEE, FL 32399 CONTACT: DULCE A GARCIA
FAX: (904) 922-4000 PHONE: (305) 569-9469
FAX: (305) 441-0480

((H95000010360))) DOCUMENT TYPE: LIMITED LIABILITY COMPANY
NAME: G.I.S.F. PROPERTY MANAGEMENT, L.C.
FAX AUDIT NUMBER: H95000010360 CURRENT STATUS: REQUESTED
DATE REQUESTED: 09/15/1995 TIME REQUESTED: 14:41:56
CERTIFIED COPIES: 1 CERTIFICATE OF STATUS: 0
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95 SEP 18 AM 9:25
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TALLAHASSEE, FLORIDA

9/18

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION

OF

G.I.S.F. PROPERTY MANAGEMENT, L.C.

The undersigned, desiring to form a limited liability company under and pursuant to Florida Statute 608 entitled the Florida Limited Liability Company Act, does hereby adopt the following Articles of Organization for such company:

ARTICLE I

NAME

The name of the limited liability company is G.I.S.F. PROPERTY MANAGEMENT, L.C.

ARTICLE II

DURATION AND EFFECTIVE DATE

The period of this company's duration shall commence upon the filing of the Articles of Organization and shall be perpetual, unless terminated by the unanimous written agreement of all members or by the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or upon the occurrence of any other event which terminates the continued membership of a member, unless the business of the company is continued by the consent of all the remaining members, or by amendment of these Articles of Organization providing for the continued existence of the company subsequent to the foregoing events.

ARTICLE III

ADDRESS

The mailing and street address of the principal office of the limited liability company is 4950 S.W. 8th Street, Suite 403, Miami, Florida, 33134.
Fax Audit No. H95000010360

This instrument prepared by:

Annette C. Onorati, Esq.

Fla. Bar No. 989230

Caruncho & Mur, P.A.

2600 Douglas road, Suite 501

Coral Gables, FL 33134

(305) 569-9469

Fax Audit No. H95000010360

ARTICLE IV

INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this company is 2600 Douglas Road, Suite 501, Coral Gables, Florida 33134, and the name of the registered agent of this company at that address is Caruncho & Mur, P.A.

ARTICLE V

ADMISSION OF ADDITIONAL MEMBERS

Additional members may be admitted upon the approval of the Manager and the affirmative vote of the holders of 66-2/3% interest of the Members of the Company, upon the written application of such new member.

ARTICLE VI

RIGHT TO CONTINUE BUSINESS

The remaining members may continue the Business on the death, retirement, resignation, expulsion, bankruptcy, dissolution or the occurrence of any other event which terminates the continued membership of a member in the company.

ARTICLE VII

MANAGEMENT OF COMPANY

The business of the Company shall be managed by a Manager. The name and address of the initial Manager, who is to serve until the first annual meeting of Members or until his successor is elected and qualified, is:

Gastroenterology Institute of South Florida, P.A.
4950 S.W. 8th Street
Suite 403
Miami, FL 33134

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ARTICLE VIITRANSFERABILITY OF MEMBER'S INTEREST

An interest of a Member of this company may only be transferred or assigned if all of the remaining Members of this company approve of such transfer or assignment by unanimous written consent. Otherwise, the transferee of the interest of such member shall have no right to participate in the management of the business and affairs of the company or to become a Member, and shall be entitled to receive only the share of profits or other compensation by way of income and the return of contributions to which that member otherwise would be entitled.

IN WITNESS WHEREOF, the undersigned Incorporator has herunto set his hand and seal this 12 day of September, 1995.

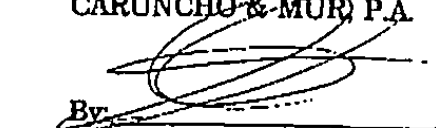
Member:


JAVIER SOBRADO, M.D.FILED
95 SEP 18 AM 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDAACCEPTANCE OF REGISTERED AGENT

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in the Articles of Organization, I hereby accept this 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.

IN WITNESS WHEREOF, as said registered agent, I have caused this Statement to be signed on this 12 day of September, 1995.

CARUNCHO & MUR, P.A.


By: Joseph L. Caruncho

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**AFFIDAVIT UNDER
FLORIDA STATUTE §608.407(2)**

STATE OF FLORIDA)
COUNTY OF DADE)

Before the undersigned authority, personally appeared JAVIER SOBRADO, M.D., as President of, and on behalf of, Gastroenterology Institute of South Florida, P.A., who, on oath says:

1. Affiant is a member of G.I.S.F. PROPERTY MANAGEMENT, L.C.
2. That G.I.S.F. PROPERTY MANAGEMENT, L.C. has at least two members.
3. The amount of cash and description and agreed value of the property other than cash contributed by the members is \$1,000.00 all cash.
4. The amount anticipated to be contributed by the members is \$15,000.00.

FURTHER AFFIANT SAYETH NAUGHT.



JAVIER SOBRADO, M.D., President of
Gastroenterology Institute of South Florida,
P.A.

Sworn to and subscribed before me this 14 day of September, 1995,
by JAVIER SOBRADO, M.D., who is personally known to me or who has produced
Florida Driver's License as identification.



NOTARY PUBLIC STATE OF FLORIDA

My Commission Expires:

g:\gla\affidavits



ANNETTE C. ONORATI
My Commission CC308080
Expires Mar. 13, 1998
Bonded by HAI
800-422-1550

Fax Audit No. H95000010360

SEP-14-1995 17:41

99%


TOTAL P.02
P.02

FILED
5 SEP 18 AM 9:25
CLERK OF STATE
TALLAHASSEE, FLORIDA

2nd NOTICE:

Limited Liability Company Will Be Dissolved On, Or
After August 21, 1998, If Dissolved, Minimum Amount
Due To Reinstatement: \$738.75

RECEIVED 1998. 2. 6 1998

LIMITED LIABILITY COMPANY ANNUAL REPORT 1996		 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$138.75 Corporation Supplemental Fee + \$25.00 LATE FEE Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L95000000712 G.I.S.F. PROPERTY MANAGEMENT, L.C. 4950 S.W. 8TH STREET SUITE 403 MIAMI FL 33134		1a. Principal Place of Business Address 4950 S.W. 8TH STREET SUITE 403 MIAMI FL 33134	
2. Principal Place of Business 1100 SW 57 Avenue Suite, Apt. #, etc.		3. Date Organized or Qualified 09/18/1995	
2a. Mailing Address 1100 SW 57 Avenue Suite, Apt. #, etc.		3a. State of Formation FL	
City & State Miami, FL		4. FEI Number 65-0618855	
City & State Miami, FL		5. Date of Last Report	
Zip 33144		6. Certificate of Status Desired <input type="checkbox"/> Amended For <input type="checkbox"/> Not Applicable	
Country USA		1b. 75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent CARUNCHO & MUR, P.A. 2600 DOUGLAS ROAD SUITE 501 CORAL GABLES FL 33134		8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.			
SIGNATURE		DATE	
10. Title		Business Street Address	
Managing Members/Managers		City, State and Zip Code	
MGR		4950 S.W. 8TH STREET SUITE 403 MIAMI FL 33134	
Gastroenterology Institute of South Florida, P.A.		1100 S.W. 57 Avenue Miami, FL 33144	
11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3) (k) Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10 or on an application with an address.			
SIGNATURE: Javier Sobrado, M.D. President of Gastroenterology Institute of South Florida, P.A. (305) 270-0402			