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Henderson, Frank

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CONTACT: KAREN S LABORDE  
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NAME: CENTER FOR DIGESTIVE HEALTH & PAIN MANAGEMENT  
AUDIT NUMBER.....H98000011440  
DOC TYPE.....LIMITED LIABILITY AMENDMENT  
CERT. OF STATUS..0 PAGES..... 2  
CERT. COPIES.....1 DEL.METHOD.. FAX  
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FAX AUDIT NO.: E98000011440

SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS  
FOR A LIMITED LIABILITY COMPANY

The undersigned Member or authorized representative of a Member of **CENTER FOR DIGESTIVE HEALTH & PAIN MANAGEMENT, L.C.**, executes this Supplemental Affidavit filed pursuant to Section 608.412, Florida Statutes.

1. The total amount of the capital contributed in cash and property by the Members is \$3,000,300.00.

2. The total amount of the cash contributed is \$300.00.

3. The total amount of the contributed property includes all assets of Center for Digestive Health, Inc., including those sold to OMNA ASC, Inc. under that certain Asset Purchase Agreement by and among OMNA Medical Partners, Inc., OMNA ASC, Inc., and Center for Digestive Health, Inc. dated April 8, 1998, subject to all liabilities of Center for Digestive Health, Inc., and its agreed value is \$3,000,000.00.

4. The total amount of cash or property anticipated to be contributed by the Members is \$3,000,300.00. This total amount includes the amounts referenced in 1, 2 and 3 above.

Dated: As of June 10, 1998.

CENTER FOR DIGESTIVE HEALTH, INC.,  
a Florida corporation, Member

By: *M. P. Kini*  
Mukund P. Kini, M.D., President

[Corporate Seal]

(In accordance with Section 608.408(3), Florida Statutes, the execution of this Supplemental Affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Prepared by: Guy E. Whitesman, Esquire  
Florida Bar No.: 334189  
1715 Monroe Street  
Fort Myers, FL 33901  
(941) 334-4121

FAX AUDIT NO.: E98000011440


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STATE OF FLORIDA       )  
                              ) SS:  
COUNTY OF LEE         )

BEFORE ME, the undersigned authority, personally appeared Mukund P. Kini, M.D., as the president of CENTER FOR DIGESTIVE HEALTH, INC., a Florida corporation, who after first being duly sworn, acknowledged that he executed before me the foregoing instrument on behalf of said corporation for the purposes therein expressed. He is personally known to me or produced \_\_\_\_\_ as identification.

WITNESS my hand and official seal in the State of Florida this 10th day of June, 1998.

  
Print Name: KAREN S LABORDE  
NOTARY PUBLIC, State of Florida  
My Commission Expires:



Karen S. Laborde  
MY COMMISSION # 00532871 EXPIRES  
February 15, 2000  
BONDED THRU TROY PAW INSURANCE, INC.

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