

L99000002307

Pediatric Medical Subspecialties

Requestor's Name

2110 W. Martin Luther King Jr. Blvd.

Address

Tampa, Fl. 33607

City/State/Zip

Phone #

400002828824--5

-04/05/99-01050-006

****285.00 ****285.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

EFFECTIVE DATE

4-1-99

☐ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

L99-2307

Name	OK 4-23
Availability	
Document	
Examiner	
Update	
Updater	
Verifier	
Acknowledgment	
W. P. Verifier	

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

April 7, 1999

DANIEL PLASENCIA
2110 W. MARTIN LUTHER KING JR. BLVD.
TAMPA, FL 33607

SUBJECT: S. SASTRY, M.D. L.C.
Ref. Number: W99000008379

We have received your document for S. SASTRY, M.D. L.C. and your check(s) totaling \$285.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be listed in the articles of organization not just in the cover letter.,

If you have any questions concerning the filing of your document, please call (850) 487-6020.

Tammi Cline
Document Specialist

Letter Number: 099A00017656

FILED
09 APR -5 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

S. Sastry, M.D., L.C.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

2110 W. Martin Luther King, Jr., Blvd.
Tampa, Florida 33607

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

Perpetual.

Effective Date: April 1, 1999

ARTICLE IV - Management:

(Check the appropriate box and complete the statement)

- ☒ The Limited Liability Company is to be managed by a manager or ~~managers~~ and the name(s) and address(es) of such manager(s) who is/~~are~~ to serve as manager(s) is/~~are~~:

Sridhara Sastry
2110 W. Martin Luther King, Jr., Blvd.
Tampa, Florida 33607

- ☐ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

ARTICLE V - Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

Members can be admitted only with the approval of the manager, -
Sridhara Sastry.

The sole initial member is Plasencia & Sastry, M.D.'s, P.A.
d/b/a Pediatric Medical Subspecialties Group

FILED
99 APR -5 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI - Members Rights to Continue Business:

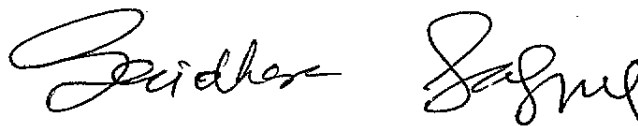
The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

The death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other act which terminates the continued membership of a member in the limited liability company shall not terminate the limited liability company.

ARTICLE VII - Affidavit of Membership and Contributions

The undersigned member or authorized representative of a member of _____
S. Sastry, M.D., I.C. certifies:

- 1) the above named limited liability company has at least one member;
- 2) the total amount of cash contributed by the member(s) is \$ 1,000.00 ;
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ _____ ;
(A description of the property is attached and made a part hereto.); and
- 4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is \$ 1,000.00 .



Signature of a member or an authorized representative of a member.

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

Sridhara Sastry
Typed or printed name of signee

Filing Fee: \$250.00 for Articles and Affidavit

FILED
09 APR -5 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: _____

S. Sastry, M.D., L.C.

2. The name and the Florida street address of the registered agent are:

Sridhara Sastry

NAME

2110 W. Martin Luther King, Jr., Blvd.

Florida street address (P. O. Box NOT ACCEPTABLE)

Tampa

FL 33607

CITY, STATE AND 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.


SIGNATURE

33099

Filing Fee: \$ 35 for Designation of Registered Agent

FILED
09 APR -5 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA