

LU40VVU077995

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

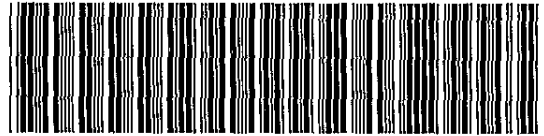
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Certified Copies _____ Certificates of Status _____

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RECEIVED
04 OCT 27 PM 2:30
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
FILED
04 OCT 27 PM 5:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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October 27, 2004

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 TALLAHASSEE, FLORIDA

CORPORATION NAME (S) AND DOCUMENT NUMBER (S)

Heart and Vascular Center, LLC

Filing Evidence

- Plain/Confirmation Copy
- Certified Copy

Retrieval Request

- Photocopy
- Certified Copy

Type of Document

- Certificate of Status
- Certificate of Good Standing
- Articles Only
- All Charter Documents to Include Articles & Amendments
- Fictitious Name Certificate
- Other

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

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

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

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

**ARTICLES OF ORGANIZATION
OF
HEART AND VASCULAR CENTER, LLC**

The undersigned, who are the duly licensed doctors of medicine in the State of Florida and desiring to form a professional limited liability company in accordance with the Florida Limited Liability Company Act and the Florida Professional Service Corporation and Limited Liability Company Act, does hereby adopt the following Articles of Organization for the Limited Liability Company:

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FIRST: The name of the Limited Liability Company is HEART AND VASCULAR CENTER, LLC

SECOND: The Limited Liability is organized for the purpose of engaging in the practice of medicine and to take all actions necessary or proper in connection with such practice.

THIRD: The mailing address and street address of the principal office of the Limited Liability Company is 7830 ST. Giles Place, Orlando, FL 32835.

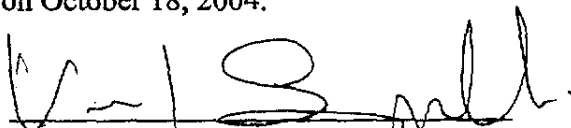
FOURTH: The street address of the initial registered office of the Limited Liability Company in Florida is 7830 ST. Giles Place, Orlando, FL 32835 and the name of the Initial registered agent of the Limited Liability Company in Florida at that address is Vineel Sompali.

FIFTH: The members of the Limited Liability Company shall consist of not less than one Member. The name and address of the initial Members is:

Vineel Sompali
7830 ST. Giles Place
Orlando, FL 32835

FIFTH: The Limited Liability Company is to be managed by the Members.

IN WITNESS WHEREOF, the Members have executed and acknowledged these Articles of Organization on October 18, 2004.


Vineel Sompali

**CONSENT TO APPOINTMENT
BY REGISTERED AGENT**

I, having been named as Registered Agent for HEART AND VASCULAR CENTER, LLC
hereby voluntarily consent to serve as Registered Agent for HEART AND VASCULAR CENTER, LLC

I know and understand the duties and responsibilities of a Registered Agent as set forth in the Florida Statutes Annotated Sections 608.401 to 608.471, and I hereby accept those duties and responsibilities.

Dated: October 18, 2004


Vineel Sompali