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4 CAPITAL CONNECTION, INC.
417 Virginia Street, Suite 100 Tallahassee, Florida 32302
(850) 24-8500 (1-800) 342-0622 Fax (850) 24-1222

Gulf Breeze Pasco Cardiology
Associates, LLC

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-05/19/00--01024--019
****160.00 ****160.00

- ___ Art of Inc. File
- ___ LTD Partnership File
- ___ Foreign Corp. File
- ☒ L.C. File Cert
- ___ Fictitious Name File
- ___ Trade/Service Mark
- ___ Merger File
- ___ Art. of Amend. File
- ___ RA Resignation
- ___ Dissolution / Withdrawal
- ☒ Annual Report / Reinstatement
- ___ Cert. Copy
- ___ Photo Copy
- ___ Certificate of Good Standing
- ___ Certificate of Status
- ___ Certificate of Fictitious
- ___ Corp Record Search
- ___ Officer Search
- ___ Fictitious Search
- ___ Fictitious Owner Search
- ___ Vehicle Search
- ___ Driving Record
- ___ UCC 1 or 3 File
- ___ UCC 11 Search
- ___ UCC 11 Retrieval
- ___ Courier

FILED
00 MAY 19 PM 12:02
TALLAHASSEE FLORIDA
SECRETARY OF STATE

RECEIVED
00 MAY 19 AM 10:26
DIVISION OF CORPORATIONS
TALLAHASSEE FLORIDA

Signature

Requested by: CD 5-18-00 11:00
Name Date Time

Walk-In _____ Will Pick Up _____

**ARTICLES OF ORGANIZATION
OF
GULF BREEZE PASCO CARDIOLOGY ASSOCIATES, LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby make, acknowledge, and file the following Articles of Organization.

ARTICLE I - NAME:

The name of the limited liability company shall be:

GULF BREEZE PASCO CARDIOLOGY ASSOCIATES, LLC ("company")

ARTICLE II - ADDRESS:

The mailing address and street address of the principal office of the company shall be:


10806 U.S. Highway 19 Suite 102
Port Richey, Florida 34668

ARTICLE III - REGISTERED OFFICE AND AGENT

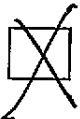
The name and street address of the registered agent of the company in the state of Florida is:

Peter A. Napolitano, Esq.
7617 Little Road
New Port Richey, Florida 34654

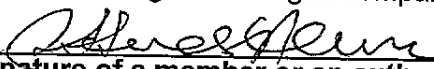
Having been named as the registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of 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 608, F.S.


Peter A. Napolitano, Esq.
Registered Agent

ARTICLE IV - MANAGEMENT (Check box if applicable.)



The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.


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

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

Haider Khan
Typed or printed name of signer

FILED
MAY 19 PM 12:02
CLERK OF STATE
TALLAHASSEE FLORIDA