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LAW OFFICES OF
MAYER, KENNEDY & RANDOLPH

EARL E. MAYER, JR.*
P. TODD KENNEDY, P.A., LL.M. Taxation
JOHN W. RANDOLPH, JR., P.A., C.P.A., LL.M. Estate Planning †
PAUL T. TRINLEY, LL.M. Taxation

* Federal Tax Counsel to the Firm
Admitted in Ohio Only, Practice Limited
to Matters of Federal Tax Law

† Board Certified Wills, Trusts and Estates Lawyer

THE FORUM - TOWER A
1675 PALM BEACH LAKES BLVD.
SUITE 700
WEST PALM BEACH, FL 33401
TEL: (561) 683-2484
FAX: (561) 684-3142
E-MAIL:Mayerkennedy@aol.com

August 31, 2000

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****312.50 ****155.00

VIA FEDERAL EXPRESS

Secretary of State
Division of Corporations
409 East Gaines Street (32301)
Post Office Box 6327
Tallahassee, FL 32314

Re: Jean Foucauld, M.D., P.A.; Chandra Venugopal, M.D., P.A.; and Cardiology Partners, LLC

Dear Sir or Madam:

Enclosed are two (2) originals of Articles of Incorporation and Registered Agent forms for Jean Foucauld, M.D., P.A. and Chandra Venugopal, M.D., P.A. and two (2) originals of Articles of Organization for Florida Limited Liability Company for Cardiology Partners, LLC.

Please file one (1) original of each document and return one (1) certified copy of each document to our office using the provided self-addressed, stamped envelope. Also enclosed please find check #5493 in the amount of $312.50 for the following:

1. Receiving, filing and indexing of Articles of Incorporation; certified copy of Articles of Incorporation; and registered Agent Fee for Jean Foucauld, M.D., P.A. $ 78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 SEP -5 PM 4:55

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Cardiology Partners, LLC

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

12953 Palms West Drive, Suite 102, Loxahatchee, FL 33470

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Chandra Venugopal, M.D.
Name

12953 Palms West Drive, Suite 102
Florida street address (P.O. Box **NOT** acceptable)

Loxahatchee FL 33470
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 as provided for in Chapter 608, F.S..

Registered Agent's Signature

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.

(An additional article must be added if an effective date is requested)

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.)

Chandra Venugopal, M.D., President
Typed or printed name of signee

FILING FEES:
$ 100.00 Filing Fee for Articles of Organization
$ 25.00 Designation of Registered Agent
$ 30.00 Certified Copy (OPTIONAL)
$ 5.00 Certificate of Status (OPTIONAL)

FILED
00 SEP -5 PM 4:55
SECRETARY OF STATE
DIVISION OF CORPORATIONS