L01000005897

U.S. CARDIOLOGY

501 Lincoln Ave., South Suite 25

Clearwater, FL 33756 Phone: (727) 443-6007

Fax: (727) 443-6164

MJH

April 2, 2001

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 700003994737--2 -04/12/01--01083--007 ****125.00 ****125.00

Dear Registrar:

I am enclosing the Article of Organization for U.S. Cardiology, L.L.C. My daytime phone and address are as above. I am also enclosing a check for \$125.00 for filing fees and designation of registered agent. Please let me know if you need any further paperwork. Thank you very much.

Sincerely,

Neil S. Bedi

OLAPR 12 AM 9: 02 SECRETARY OF STATE

ARTICLES OF ORGANIZATION OF U.S. CARDIOLOGY, L.L.C

ARTICLE I - Name:

The name of the Limited Liability Company is:

U.S. Cardiology, L.L.C

ARTICLE II - Address:

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

501 Lincoln Ave., South, Suite 25, Clearwater, Florida 33756

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

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

Neil S. Bedi 501 Lincoln Ave., South Suite 25 Clearwater, FL 33756

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

In accordance of 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.

Signature of Member or Authorized Representative of Member

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Neil S. Bedi

Typed or Printed Name of Signee

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