

CT CORPORATION SYSTEM

CORPORATION(S) NAME

L0100 0019553

Orlando Cardiovascular Center, LLC

RECEIVED
NOV 13 11:08 AM
DIVISION OF CORPORATION

01 NOV 13 PM 1:58

APPROVE
ADD
FILE

- | | | |
|---|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Change of RA |
| <input checked="" type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Photocopies | <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem |
| <input type="checkbox"/> Call If Problem | <input type="checkbox"/> Will Wait | <input type="checkbox"/> After 4:30 |
| <input type="checkbox"/> After 4:30 | <input type="checkbox"/> Pick Up | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Pick Up | <input type="checkbox"/> Mail Out | |

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Name _____
Availability _____
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Verifier _____
W.P. Verifier _____

11/13/01

MS

Order#: 4912776

800004676388-6
-11/13/01-01024-021
****125.00 ****125.00

Ref#: _____

Amount: \$ _____

JB
11-13-01

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
Orlando Cardiovascular Center, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
1405 South Orange Avenue, Suite 120
Orlando, Florida 32806

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

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

CLO Consulting, INC. PA10000053415
c/o Pat Wright


Name
1405 South Orange Avenue, Suite 120

Florida street address (P.O. Box NOT acceptable)
Orlando 32806

FL

City, State, and Zip

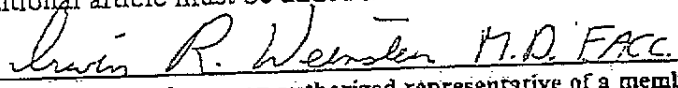
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all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

By: 
Registered Agent's Signature
Pat Wright

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.
Irwin Weinstein, M.D., F.A.C.C.
(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.)

Irwin Weinstein, M.D., F.A.C.C.
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)

SECRETARY O, SIGN
MAILHASSELT ORIDA
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