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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : GOLD & RESNICK, P.A.

Account Number : I20010000018
Phone : (813)254-2071
Fax Number : (813)251-0616

02 JAN 23 PM 3: 05

LIMITED LIABILITY COMPANY

Cardiology Associates of Florida, L.L.C.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION FOR

CARDIOLOGY ASSOCIATES OF FLORIDA, L.L.C.

ARTICLE I- NAME

The name of the Limited Liability Company is:

Cardiology Associates of Florida, L.L.C.

ARTICLE II- ADDRESS

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

3231 McMullen Booth Road Medical Arts Building, Suite 102 Safety Harbor, FL 34695

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE

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

Aaron J. Gold 704 West Bay Street Tampa, Florida 33606

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 provision as registered agent as provided for in I hapter 608, F.S.

ARTICLE IV-MANAGEMENT

The Limited Liability Company is to be managed by the members.

Coastal Cardiology Consultants, P.A.

Kerry I Kanlan M.D. David

(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.)

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