## Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

: FLORIDA & OFFSHORE BUSINESS FORMATION, INC. Account Name

Account Number : I20010000099 : (775)884-1357 Phone : (775)882-6818 Fax Number

## LIMITED LIABILITY COMPANY

Cardiology Associates, L.L.C.

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

## ARTICLES OF ORGANIZATION OF

#### Cardiology Associates, L.L.C.

### A FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I**

#### Name

The name of the Limited Liability Company is: Cardiology Associates, L.L.C.

#### **ARTICLE II**

#### Address

The mailing address and street address of the principal office of the Limited Liability Company is: 20 S. Broad Street, Brooksville, FL 34601.

#### **ARTICLE III**

#### Registered Agent

The name of the initial resident agent and the initial address of the registered office where process may be served in the State of Florida is: Florida & Offshore Business Formation, Inc., 20 S. Broad Street, Brooksville, FL 34601.

#### **ARTICLE IV**

#### Management

The Limited Liability Company is to be managed by members and the names and addresses of such members are: Lingappa Amarchand, M.D. and Thomas Mathews, M.D. or 750 Desoto Avenue, Brooksville, FL 34601

#### **ARTICLE V**

## Admission of Additional Members

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be: limited as more particularly described in the Operating Agreement of the Company

SECRETARY OF STAT

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#### **ARTICLE VI**

#### Members Rights to Continue Business

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be: limited as more particularly described in the Operating Agreement of the Company

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

Signature of authorized representative or member

Sandra L. Miller Organizer

Dated: 30 January 2002

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# 020000 268514

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

- 1. The name of the company is: Cardiology Associates, L.L.C.
- 2. The name and address of the registered agent and office is:

Thomas S. Hogan, Jr. 20 S. Broad Street Brooksville, FL 34601

Having been named as registered agent and to accept service of process for the above stated 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.

Thomas S. Hogan Jr.

Dated: 4/30 200