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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:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

: (305)634-3694

Fax Number

: (305)633-9696

W02-177382

LIMITED LIABILITY COMPANY

PEDIATRIC CARDIOVASCULAR PREVENTION AND FITNESS IN



Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

June 14, 2002

EMPIRE CORPORATE KIT COMPANY

SUBJECT: PEDIATRIC CARDIOVASCULAR PREVENTION AND FITNESS INSTITUTE, P.L.

REF: W02000017382

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ARTICLES OF ORGANIZATION FOR PEDIATRIC CARDIOVASCULAR PREVENTION AND FITNESS INSTITUTE, P.L. A Florida Professional Limited Company

ARTICLE I - Name

The name of the Professional Limited Company is:

PEDIATRIC CARDIOVASCULAR PREVENTION AND FITNESS INSTITUTE, P.L.

ARTICLE II - Address

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

3659 South Miami Avenue Suite 3002 Miami, Florida 33131

ARTICLE III - Purpose

The purpose of this Professional Limited Company is to provide professional services in the health care industry, and such other acts as are permitted by applicable Florida Statues.

ARTICLE III - Management

The Professional Limited Company is a manager-managed company.

ARTICLE IV - Initial Registered Agent and Office

The name of the initial registered agent and the Florida street address of the initial registered office is:

Michael B. Walker, Esquire WAMPLER, BUCHANAN, WALKER, CHABROW & BANCIELLA, P.A. Suite 900, SunTrust Building 777 Brickell Avenue Miami, Florida 33131

Michael B. Walker, Esquire

Signature of an authorized representative

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SECRETARY OF STATE DIVISION OF CORPORATIONS

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ARTICLE V - Duration

The period of duration for the Professional Limited Company shall begin on the date of filing these Articles of Organization with the Florida Secretary of State, and shall have perpetual existence and duration until terminated in accordance with applicable law.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED PROFESSIONAL LIMITED COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED AGENT AND REGISTERED OFFICE IN THE STATE OF FLORIDA:

1. The name of the professional limited company is:

PEDIATRIC CARDIOVASCULAR PREVENTION AND FITNESS INSTITUTE, P.L.

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

Michael B. Walker, Esquire WAMPLER, BUCHANAN, WALKER, CHABROW & BANCIELLA, P.A. Suite 900, SunTrust Building 777 Brickell Avenue Miami, Florida 33131

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.

Michael B. Walker - It's Agent

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