L02000033065

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H02000235759 6)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

FILED
02 DEC 10 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : COMITER & SINGER, LLP
Account Number : I20000000085
Phone : (561)626-4742
Fax Number : (561)626-4742

LIMITED LIABILITY COMPANY

Florida Cardiology Network, LLC

RECEIVED
02 DEC 10 PM 2:55
DIVISION OF CORPORATIONS

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$125.00

Electronic Filing Menu Corporate Filing Public Access Help

H020002357596

ARTICLES OF ORGANIZATION
OF
FLORIDA CARDIOLOGY NETWORK, LLC

ARTICLE I - Name:

The name of the Limited Liability Company is: FLORIDA CARDIOLOGY NETWORK, LLC.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is 3530 North Federal Highway, Fort Lauderdale, FL 33308.

FILED
02 DEC 10 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

Harold Altschuler
3530 North Federal Highway
Fort Lauderdale, FL 33308

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.

Harold Altschuler
Registered Agent's Signature

Signature of a member or an authorized representative of a member (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.)

Harold Altschuler, Sole Member of MEDMANAGE, LLC, Managing Member of FLORIDA CARDIOLOGY NETWORK, LLC

Typed or printed name of signer

Filing Fees: $100.00 Filing Fee for Articles of Organization
$ 25.00 Designation of Registered Agent

H020002357596