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BEVERLY A. MORRIS, P. L.

Attorney at Law 808 S.E. Fort King Street Ocala, FL 34471

> Telephone (352) 369-1300 Facsimile (352) 351-2715

> > July 2, 2003

Secretary of State Division of Corporations Post Office Box 6327 Tallahassee, FI 32314

EFFECTIVE DATE 一つしまして

Re: Winter Haven Cardiovascular Anesthesia Associates, PLLC

Dear Sir or Madam:

Enclosed please find original and one copy of Articles of Organization for Florida Professional Limited Liability Company, Winter Haven Cardiovascular Anesthesia Associates, PLLC, and a check made payable to "Secretary of State" in the amount of \$177.50 representing the filing fee (\$125.00), Registered Agent Designation (\$35.00), Certificate of Status (\$8.75) and one certified copy (\$8.75).

If you find these items to be in proper order, I would appreciate your returning the exclosed copy to me as a certified copy as soon as possible after the original is filed.

Yours truly, Regina Rickman

Regina Rickman Legal Assistant to Beverly A. Morris

BAM:rjr

Enclosures: Articles of Organization

Check \$177.50



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

July 10, 2003

REGINA RICKMAN BEVERLY A. MORRIS, P.L. 808 SE FORT KING STR EET OCALA, FL 34471

SUBJECT: WINTER HAVEN CARDIOVASCULAR ANESTESIA ASSOCIATES,

PLLC

Ref. Number: W03000019519

We have received your document for WINTER HAVEN CARDIOVASCULAR ANESTESIA ASSOCIATES, PLLC and your check(s) totaling \$177.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on July 3, 2003. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Letter Number: 603A00040891

Diane Cushing Document Specialist

ARTICLES OF ORGANIZATION FOR FLORIDA PROFESSIONAL LIMITED LIABILITY COMPANY

EFFECTIVE DAT

Article J - Name

The name of the Professional Limited Liability Company is WINTER HAVEN CARDIOVASCULAR ANESTHESIA ASSOCIATES, PLLC.

Article II - Address

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

1511 S.W. First Avenue Ocala, Florida 34474

Article III - Registered Agent.
Registered Office & Registered Agent's Signature

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

Paul G. Robertie, M.D. 1511 S.W. First Avenue Ocala, Florida 34474 SECRETARY OF STATE DIVISION OF CORPORATIONS

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

Paul G. Robertie, M.D., Registered Agent

Article IV - Management

The Professional Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

Article V - Effective Date

The Effective Date of this Professional Limited Liability Company is <u>July 31</u>, 2003.

Article VI - Purpose

The purpose for which the corporation is organized shall be to engage in the practice of medicine within the State of Florida, and to take all actions that are necessary or proper in connection with that practice.

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.

Vincent C. Palmire, Jr. M.D.