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(City/State/Zip/Phone #)

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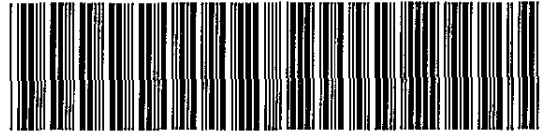
(Business Entity Name)

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DIVISION OF CORPORATION

FILED  
03 SEP 18 PM 5:00  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 247698 7137273

AUTHORIZATION *Patricia Pignato*

COST LIMIT : \$ 125.00

03 SEP 18 PM 5:00  
FILED  
TALLAHASSEE, FLORIDA

ORDER DATE : September 18, 2003

ORDER TIME : 2:03 PM

ORDER NO. : 247698-015

CUSTOMER NO: 7137273

CUSTOMER: Eric M. Sauerberg, Esq  
Eric M. Sauerberg, P.a.

Suite 102  
200 Village Square Crossing  
Palm Bch Garden, FL 33410

DOMESTIC FILING

NAME: PALM BEACH CARDIOVASCULAR  
LEASING, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION  
CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
XX PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - EXT. 1135

EXAMINER'S INITIALS: \_\_\_\_\_

**ARTICLES OF ORGANIZATION OF  
PALM BEACH CARDIOVASCULAR LEASING, LLC**

The undersigned hereby forms and establishes a limited liability company pursuant to Chapter 608, Florida Statutes as follows:

**ARTICLE I**

The name of this limited liability company is PALM BEACH CARDIOVASCULAR LEASING, LLC.

**ARTICLE II**

This limited liability company shall have perpetual existence from the effective date of filing these Articles with the Department of State unless sooner terminated as provided in the Operating Agreement.

**ARTICLE III**

The mailing address and street address of the principal place of business of this limited liability company is 2503 Burns Road, Palm Beach Gardens, Florida . This limited liability company may, at its discretion, change the address of its principal place of business.

**ARTICLE IV**

The name and street address of the initial registered agent of this limited liability company is Eric M. Sauerberg, 200 Village Square Crossing, Suite 102, Palm Beach Gardens, Florida 33410.

**ARTICLE V**

The management of this limited liability company shall be vested in the manager or managers and is, therefore, a manager-managed company.

**ARTICLE VI**

Additional members may be admitted to this limited liability company upon such terms and conditions as shall be established by the manager.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name this 15<sup>th</sup> day of SEPTEMBER, 2003.

MEMBER:

By: *Gabriel Breuer*  
Printed Name: GABRIEL E. BREUER, MD

FILED  
03 SEP 18 PM 5:00  
TALLAHASSEE FLORIDA

STATE OF FLORIDA                   )  
  )  
COUNTY OF PALM BEACH           )

The foregoing instrument was acknowledged before me this 15 day of September, 2003,  
by Gabriel Breuer, MD who is personally known to me or who has produced Florida State  
Driver's License Number personally known as identification.

Executed this 15 day of September, 2003.

*Liza Hernandez*  
Signature of Notary

Printed Name: Liza Hernandez

My Commission Expires:

My Commission Number:



Liza Hernandez  
My Commission DD155617  
Expires October 07 2006



Liza Hernandez  
My Commission DD155617  
Expires October 07 2006

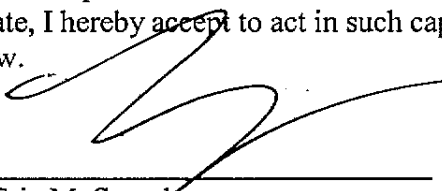
**CERTIFICATE DESIGNATING REGISTERED  
OFFICE FOR THE SERVICE OF PROCESS  
WITHIN THIS STATE, NAMING AGENT  
UPON WHOM PROCESS MAY BE SERVED**

Pursuant to Chapter 608.415 and Chapter 608.507 Florida Statutes, the following is submitted:

That PALM BEACH CARDIOVASCULAR LEASING, LLC, a Florida limited liability company, with its registered office at 200 Village Square Crossing, Suite 102, Palm Beach Gardens, Florida 33410, has named Eric M. Sauerberg at such address as its initial registered agent to accept service of process within this State.

**ACKNOWLEDGMENT:**

Having been named registered agent to accept service of process for the above-stated limited liability company at the place designated in this Certificate, I hereby accept to act in such capacity and agree to comply with the applicable provisions of law.

By:   
Eric M. Sauerberg,  
Registered Agent

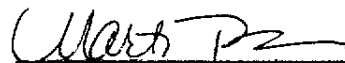
STATE OF FLORIDA                    )  
  )  
COUNTY OF PALM BEACH        )

The foregoing instrument was acknowledged before me this 15 day of September, 2003, by Eric M. Sauerberg, who is personally known to me or who has produced Florida State Driver's License Number \_\_\_\_\_ as identification.

Executed this 15<sup>th</sup> day of September, 2003.



Marti Pearson  
MY COMMISSION # DD184378 EXPIRES  
February 17, 2007  
BONDED THRU TROY FAIN INSURANCE, INC.

  
\_\_\_\_\_  
Signature of Notary  
Printed Name:  
My Commission Expires:  
My Commission Number: