W49226

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Florida Department of State Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : HUBCO

Account Number : 104662003400 : (516)935-3940 Phone Fax Number : (516)935-3088

LIMITED LIABILITY COMPANY

Advanced Cardiac Treatment Centers, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name	
The name of the Limited Liability Comp	pany is: Advanced Cardiac Treatment Centers, LLC
ARTICLE II - Address The mailing address and street address of t	the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
6400 Congress Avenue, Suite 1400	6400 Congress Avenue, Suite 1400
Boca Raton, FL 33487	Boca Raton, FL 33487
ARTICLE III - Registered Agent. The name and Florida street address of the	Name Cho. Box or Mail Drop Box NOT Acceptable) Registered Agent's Signature SECOND S
	6400 Congress Avenue, Suite 1400 (P.O. Box or Mail Drop Box NOT Acceptable)
	Boca Raton, FL 33487 (City/State/Zip)
at the place designated in this certificat capacity. I further agree to comply with	t and to accept service of process for the above stated limited liability company te. I hereby accept the appointment as registered agent and agree to act in this the provisions of all statutes relating to the proper and complete performance d accept the obligations of my position as registered agent as provided for in
	0
Regis	tered Agent's Signature - Nathan E. Nachlas

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	lager(s) or Managing Member(s): feach Manager or Managing Member is as follows:	
Title: "MGR" = Manager "MGRM" = Managin	Name and Address: dember	
MGRM	Nathan E. Nachlas- 6400 Congress Avenue, Suite 1400, Boca Raton, FL 33	48
MGRM	Marc U. Schlosser- 6400 Congress Avenue, Suite 1400, Boça Raton, FL 33	48'
(Use attachment if nex	sary)	
REQUIRED SIGNA	URE:	
	Signature of a member or authorized representative of a member. n accordance with section 608.408(3), Florida Statutes, the execution of this cument constitutes an affirmation under the penalties of perjury that the facts ated herein are true.)	
	Nathan E. Nachlas	
-	Typed or printed name of signee Typed or printed name of signee TALLAHASSEE, FLORIDA	