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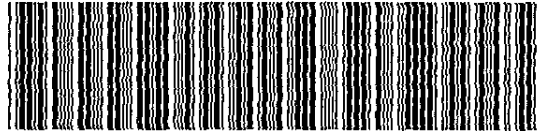
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W04-25312



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06/29/04--01012--006 \*\*100.00

07/13/04--01041--018 \*\*25.00

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04 JUL 13 AM 9:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

July 1, 2004

TAFT, STETTINIUS & HOLLISTER LLP  
425 WALNUT STREET STE. 1800  
CINCINNATI, OH 45202-3957

SUBJECT: CARDICA IMPLANT SERVICES OF BAYONET POINT, LLC  
Ref. Number: W04000025312

We have received your document for CARDICA IMPLANT SERVICES OF BAYONET POINT, LLC and your check(s) totaling \$100.00. However, the document has not been filed and is being retained in this office for the following:

There is a balance due of \$25.00.

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) 245-6097.

Marsha Thomas  
Document Specialist

Letter Number: 004A00042829

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FAX: 937-228-2816

June 24, 2004

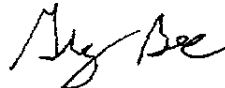
Florida Department of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Articles of Organization for Cardiac Implant Services of Bayonet Point, LLC

To whom it may concern:

Please find enclosed two copies of the signed Articles of Organization for Cardiac Implant Services of Bayonet Point, LLC along with a check for the filing fee. Also, please return one file-stamped copy of the Articles in the enclosed stamped envelope.

Sincerely,



Greg Bee

Enclosure

cc: Robert E. Rich, Esq.

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Jun 22 04 02:58p  
6/22/2004 13:52

Michael J Sweeney  
9842969285

239-437-8947  
SURGICAL IMPLANT

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**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Cardiac Implant Services of Bayonet Point, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John M. McGuire  
(Name of Person)

Surgical Implant Services, LLC  
(Firm/Company)

4905 Belfort Road Ste 110  
(Address)

Jacksonville, Florida 32256  
(City/State and Zip Code)

For further information concerning this matter, please call:

John M. McGuire at ( 904 ) 861-2922  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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Michael J Sweeney  
9842969285

239-437-8947  
SURGICAL IMPLANT

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**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Cardiac Implant Services of Bayonet Point, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

4905 Belfort Road

Suite 110

Jacksonville, Florida 32256

**Mailing Address:**

4905 Belfort Road

Suite 110

Jacksonville, Florida 32256

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

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

Michael J. Sweeney, M.D., M.B.A.

Name

4905 Belfort Road, Suite 110

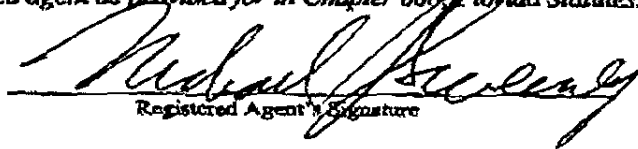
Florida street address (P.O. Box NOX acceptable)

Jacksonville

FLORIDA 32256

City, State, and Zip

*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 of Florida Statutes.*

  
Registered Agent's Signature

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Page 1 of 2  
(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**  
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager	
"MGRM" = Managing Member	
<u>MGR</u>	<u>Surgical Implant Services, LLC</u> <u>4905 Belfort Road, Suite 110</u> <u>Jacksonville, Florida 32256</u>
<u>MGR</u>	<u>Michael J. Sweeney, M.D., M.B.A.</u> <u>4905 Belfort Road, Suite 110</u> <u>Jacksonville, Florida 32256</u>
<u>MGR</u>	<u>John M. McGuire, M.A., C.P.A.</u> <u>4905 Belfort Road, Suite 110</u> <u>Jacksonville, Florida 32256</u>

(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.

**REQUIRED 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.)

Michael J. Sweeney, M.D., M.B.A.  
Typed or printed name of signee

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 TALLAHASSEE, FLORIDA

- Filing Fees:**
- \$100.00 Filing Fee for Articles of Organization
  - \$ 25.00 Designation of Registered Agent
  - \$ 30.00 Certified Copy (Optional)
  - \$ 5.00 Certificate of Status (Optional)