

W04000058761

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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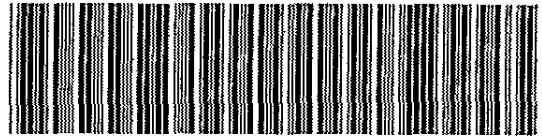
(Business Entity Name)

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**Gregory W. Bee
513-357-9673
bee@taftlaw.com**

August 3, 2004

Florida Department of State
Registration Section
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Re: Cardiology Implant Services of Ocala, LLC

To Whom it May Concern:

Please find enclosed two copies of the signed Articles of Organization for Cardiology Implant Services of Ocala, LLC along with a check for \$125 for the filing fee. Also, please return one file-stamped copy of the Articles in the enclosed stamped envelope.

Sincerely,



Gregory W. Bee

GWB:GWB
Enclosure

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TALLAHASSEE, FLORIDA

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Cardiology Implant Services of Ocala, 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 **NOT** acceptable)

Jacksonville

FLORIDA 32256

City, State, and Zip

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TALLAHASSEE, FLORIDA

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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, Florida Statutes..


Registered Agent's Signature

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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR _____

Surgical Implant Services, LLC

4905 Belfort Road, Suite 110

Jacksonville, Florida 32256

(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

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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)