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Sp

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August 16, 2004

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

Re: Cardiology Implant Services of Fort Myers, LLC

To Whom it May Concern:

Please find enclosed two copies of the signed Articles of Organization for Cardiology Implant Services of Fort Myers, 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
Enclosures

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cardiology Implant Services of Fort Myers, 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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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Cardiology Implant Services of Fort Myers, 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 RoadSuite 110Jacksonville, Florida 32256**Mailing Address:**4905 Belfort RoadSuite 110Jacksonville, Florida 32256**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

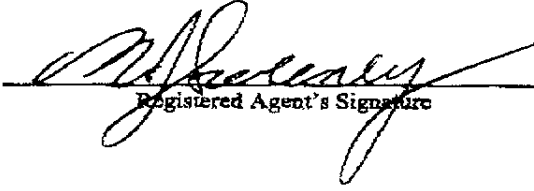
Michael J. Sweeney, M.D., M.B.A.

Name

4905 Belfort Road, Suite 110Florida street address (P.O. Box **NOT** acceptable)JacksonvilleFLORIDA 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, Florida Statutes..



Registered Agent's Signature

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(CONTINUED)

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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 signer

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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)