

L04000085591

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H04000234569 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 222-9428

LIMITED LIABILITY COMPANY

Aventura Cardiovascular Surgeons, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing

Public Access Help

J. BRYAN NOV 29 2004

FILED
2004 NOV 24 AM 10:35
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RECEIVED
04 NOV 24 PM 3:58
DIVISION OF CORPORATION

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Aventura Cardiovascular Surgeons, LLC

ARTICLE II - Address:

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

Principal Office Address:

One Park Plaza

Nashville, TN 37203

Mailing Address:

One Park Plaza - Legal Department

Nashville, TN 37203

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

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

C T Corporation System

Name

1200 South Pine Island Road

Florida street address (P.O. Box **NOT** acceptable)

Plantation, Florida 33324

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, F.S..

C T Corporation System

Carrie Bryan Special Agent in Charge

Registered Agent's Signature

(CONTINUED)

Page 1 of 2

FILED
NOV 24 AM 10:35
TALLAHASSEE, FLORIDA
CORPORATIONS

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

Marilyn B. Tavenner

One Park Plaza

Nashville, TN 37203

MGR

R. Milton Johnson

One Park Plaza

Nashville, TN 37203

MGR

A. Bruce Moore, Jr.

One Park Plaza

Nashville, TN 37203

(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.)

Dora A. Blackwood, Authorized Representative of Member

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

FILED
2004 NOV 24 AM 10:35
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA