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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4/19/05
[Signature]

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lake Mary Orlando Heart Real Estate, 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:

Dr. Nandkishore Ranadive
(Name of Person)

(Firm/Company)

450 W. Central Parkway, Suite 2000
(Address)

Altamonte Springs, Florida 32714
(City/State and Zip Code)

For further information concerning this matter, please call:

MANOGNYA RANADIVE at (407) 767-8554
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|----------------------------------------------|---------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy
(additional copy is enclosed) |
|----------------------------------------------|---------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|

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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TALLAHASSEE, FLORIDA

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

ARTICLE I: NAME

The Name of the Limited Liability Company is:
Lake Mary Orlando Heart Real Estate, LLC

ARTICLE II: ADDRESS

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

Principal Office Address:

450 W. Central Parkway
Suite 2000
Altamonte Springs, FL 32714

Mailing Address:

450 W. Central Parkway
Suite 2000
Altamonte Springs, FL 32714

**ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT'S SIGNATURE**

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

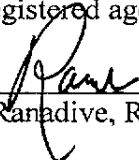
Dr. Nandkishore Ranadive
450 W. Central Parkway, Suite 2000
Altamonte Springs, FL 32714

SECRETARY OF STATE
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 positions as registered agent as provided for in Chapter 608, F.S.



Nandkishore Ranadive, Registered Agent

ARTICLE IV: MANAGER(S) OR MANAGING MEMBER(S)

The name and address of each Manager(MGR) or Managing Member(MGRM) is as follows:

MGRM	Nandkishore Ranadive 450 W. Central Parkway, Suite 2000 Altamonte Springs, Florida 32714
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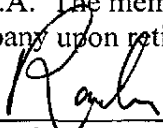
MGRM Amish M. Parikh
450 W. Central Parkway, Suite 2000
Altamonte Springs, Florida 32714

MGRM B. Alex Vakili
450 W. Central Parkway, Suite 2000
Altamonte Springs, Florida 32714

MGRM Vikas Verma
450 W. Central Parkway, Suite 2000
Altamonte Springs, Florida 32714

ARTICLE V: MEMBER(S) OBLIGATIONS

The member(s) of this limited liability company will have to sell their interest to remaining member(s) upon his/her terminating employment with Orlando Heart Specialists, P.A. The member(s) will not be required to sell his/her share in this limited liability company upon retirement at Orlando Heart Specialist, P.A.



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.)

Nandkishore Ranadive, Managing Member
Typed or printed name of signee

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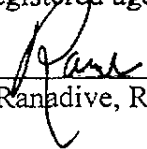
450 W. Central Parkway
Suite 2000
Altamonte Springs, FL 32714

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Dr. Nandkishore Ranadive
450 W. Central Parkway, Suite 2000
Altamonte Springs, FL 32714

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Nandkishore Ranadive, Registered Agent

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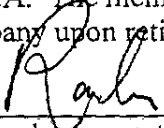
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450 W. Central Parkway, Suite 2000
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Nandkishore Ranadive, Managing Member
Typed or printed name of signee

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