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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
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CORP DIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: KATIE WONSCH

DATE: 04/26/2006

REF. #: 000177.51181

CORP. NAME: FLORIDA HEART SPECIALISTS, LLC

FILE SECOND!
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- ARTICLES OF INCORPORATION ARTICLES OF AMENDMENT ARTICLES OF DISSOLUTION
- ANNUAL REPORT TRADEMARK/SERVICE MARK FICTITIOUS NAME
- FOREIGN QUALIFICATION LIMITED PARTNERSHIP LIMITED LIABILITY
- REINSTATEMENT MERGER WITHDRAWAL
- CERTIFICATE OF CANCELLATION
- OTHER:

STATE FEES PREPAID WITH CHECK# 516906 FOR \$ 125.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- CERTIFIED COPY CERTIFICATE OF GOOD STANDING PLAIN STAMPED COPY
- CERTIFICATE OF STATUS

Examiner's Initials

**ARTICLES OF ORGANIZATION
OF
FLORIDA HEART SPECIALISTS, LLC**

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TALLAHASSEE, FLORIDA
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The undersigned, being authorized to execute and file these Articles of Organization of **FLORIDA HEART SPECIALISTS, LLC** (the "Limited Liability Company"), hereby certifies that:

ARTICLE I — Name:

The name of the Limited Liability Company is:

FLORIDA HEART SPECIALISTS, LLC

ARTICLE II — Address:

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

603 North Flamingo Road
Suite 150
Pembroke Pines, Florida 33028

ARTICLE III — Duration:

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV — Registered Agent:

The name and address of the registered agent for service of process in the state shall be:

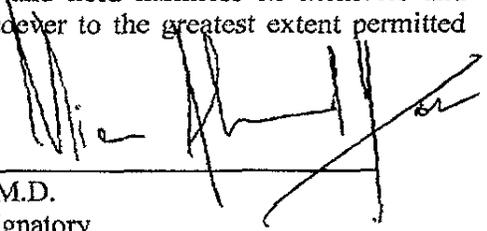
Mian Hasan, M.D.
603 North Flamingo Road
Suite 150
Pembroke Pines, Florida 33028

ARTICLE V — Management:

The Limited Liability Company will be a manager-managed company.

ARTICLE VI - Indemnification

The Limited Liability Company shall indemnify and hold harmless its members and managers against any and all claims and demands whatsoever to the greatest extent permitted pursuant to Florida law.

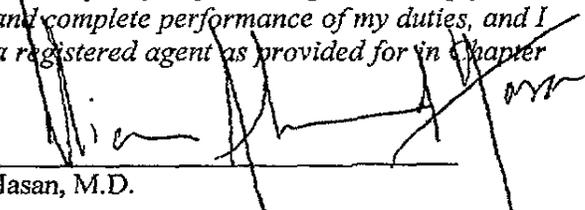
A handwritten signature in black ink, appearing to read 'Mian Hasan', is written over a horizontal line. The signature is stylized and somewhat illegible.

Mian Hasan, M.D.
Authorized Signatory

STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

FLORIDA HEART SPECIALISTS, LLC

Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated by 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 the obligations of my position as a registered agent as provided for in Chapter 608, F.S.



Mian Hasan, M.D.

Dated: April 24, 2006