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Account Name : AKERMAN, SENTERFITT & RIDSON, P.A.  
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DIVISION OF CORPORATION

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

CARDIOSLEEP CENTER OF NORTH TAMPA, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION  
OF  
CARDIOSLEEP CENTER OF NORTH TAMPA, LLC

2006 MAY 17 A 10:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I: - Name**

The name of the Limited Liability Company is: **CardioSleep Center of North Tampa, LLC**

**ARTICLE II: - Address**

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

14499 North Dale Mabry Highway  
Suite 250  
Tampa, Florida 33618

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

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

American Information Services, Inc.  
One Southeast Third Avenue, 28<sup>th</sup> FL  
Miami, Florida 33131

*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.*

*American Information Services, Inc.*

*Ray C. Toledo, Asst. Sec.*  
Ray C. Toledo, Assistant Secretary  
Registered Agent

*Marshall R. Burack*  
Marshall R. Burack, Esq.  
Authorized Representative of a Member

Signed and dated this 17<sup>th</sup> day of May, 2006.

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