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FLORIDA/FOREIGN LIMITED LIABILITY CO.

miami cardiovascular prevention institute, llc

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## Articles of Organization for a Florida Limited Liability Company

### ARTICLE I Name

The name of the Limited Liability Company is:

**MIAMI CARDIOVASCULAR PREVENTION INSTITUTE, LLC**

### ARTICLE II Address

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

**6419 Bird Road  
Miami, FL 33155**

### ARTICLE III Duration

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

### ARTICLE IV Management

(check and complete the appropriate statement)

X The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

**MINERVA SANTO TOMAS  
CARMEN C. FERNANDEZ**

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing members(s) is/are: \_\_\_\_\_

*This instrument prepared by: Ana Maria Angulo, Attorney, 5975 Sunset Drive, Suite 503  
South Miami, Florida 33143*

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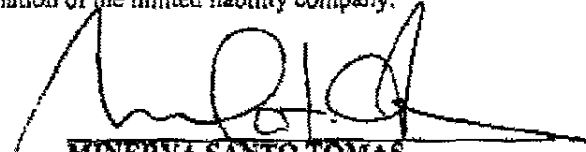

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**ARTICLE V**  
Admission of Additional Members

The right, if given of the remaining members to admit additional members and the terms and conditions of the admissions shall be as set forth in the Regulations of the limited liability company.

**ARTICLE VI**  
Members Rights to Continue Business

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be as set forth in the regulation of the limited liability company.

  
MINERVA SANTO TOMAS  
  
CARMEN C. FERNANDEZ

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(In accordance with Section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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Certificate of Designation of Registered Agent/Registered Office.

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED AGENT/REGISTERED OFFICE IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: **MIAMI CARDIOVASCULAR PREVENTION INSTITUTE, LLC.**
2. The name and address of the registered agent and office is:

**Ana Maria Angulo, Atty.  
5975 Sunset Dr. #503  
South Miami, Florida 33143**

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.

  
\_\_\_\_\_  
Ana Maria Angulo

Date: 7/27/07

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