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Division of Corporations

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

CHILDREN'S SPECIALISTS OF FLORIDA - CARDIOLOGY, LLC

Certificate of Status	0
Certified Copy	1
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FAX AUDIT NO.: 807000248480 3

ARTICLES OF ORGANIZATION

OF

CHILDREN'S SPECIALISTS OF FLORIDA - CARDIOLOGY, LLC

ARTICLE I
NAME

The name of the limited liability company shall be Children's Specialists of Florida - Cardiology, LLC (the "Company").

ARTICLE II
MAILING ADDRESS AND STREET ADDRESS

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

7970 Summerlin Lakes Drive, Suite 200
Fort Myers, Florida 33907

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SECRETARY OF STATE
DIVISION

ARTICLE III
INITIAL REGISTERED AGENT AND OFFICE

The name and street address of the initial registered agent of the Company are:

Carl M. Reed, M.D.
7970 Summerlin Lakes Drive, Suite 200
Fort Myers, Florida 33907

ARTICLE IV
PURPOSE

The Company shall have unlimited power to engage in and do any lawful act concerning any or all lawful businesses for which limited liability companies may be organized according to the laws of the state of Florida, including all powers and purposes now and hereafter permitted by law to a limited liability company.

ARTICLE V
DURATION

The Company shall exist from the date of filing these Articles of Organization with the Department of State and shall be dissolved upon the occurrence of any event of dissolution as described in the Operating Agreement of the Company.

FAX AUDIT NO.: 807000248480 3

FAX AUDIT NO.: H07000248480 3

ARTICLE VI
MANAGEMENT OF THE COMPANY

The Company shall be managed by not less than one (1) manager (the "Manager") and is, therefore, a manager-managed company. The following is the name and address of the initial Manager who shall serve as the Manager of the Company until his successor is elected and qualified:

Name	Address
Carl M. Reed, M.D.	7970 Summerlin Lakes Drive, Suite 200 Fort Myers, Florida 33907

ARTICLE VII
OPERATING AGREEMENT

The Members shall have the power to adopt, alter, amend, or repeal the Operating Agreement of the Company containing provisions for the regulation and management of the affairs of the Company.

IN WITNESS WHEREOF, the undersigned, being an authorized representative of the Members of the Company, has executed these Articles of Organization, this 30th day of September, 2007.

Carl M. Reed, M.D., Authorized Representative

FAX AUDIT NO.: H07000248480 3

FAX AUDIT NO.: H07000248480 3

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned limited liability company submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the limited liability company is: Children's Specialists of Florida - Cardiology, LLC

2. The name and address of the registered agent and office are:

Carl M. Reed, M.D.
7970 Summerlin Lakes Drive, Suite 200
Fort Myers, Florida 33907

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.

Carl M. Reed, M.D.
Registered Agent