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To:

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Account Name : SHUMAKER, LOOP & KENDRICK LLP  
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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**ADVANCED CARDIAC & VASCULAR CENTER, P.L.**

Certificate of Status	1
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**ARTICLES OF ORGANIZATION  
FOR  
ADVANCED CARDIAC & VASCULAR CENTER, P.L.**

**ARTICLE I - Name**

The name of the Professional Limited Liability Company is **ADVANCED CARDIAC & VASCULAR CENTER, P.L.**

**ARTICLE II - Address**

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

2625 Tamiami Trail, Suite 2  
Port Charlotte, Florida 33952

**ARTICLE III - Professional Services Rendered**

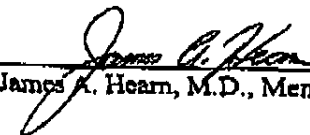
The Professional Limited Liability Company shall render medical services.

**ARTICLE IV - Registered Agent and Registered Address**

The name and the street address of the registered agent is:

Erin Smith Aebel, Esq.  
Shumaker, Loop & Kendrick, LLP  
101 East Kennedy Boulevard  
Suite 2800  
Tampa, Florida 33602

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization as a Member this 23rd day of January, 2008.

  
James A. Hearn, M.D., 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.)

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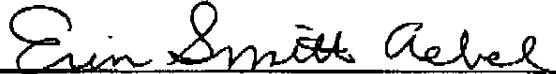
**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED PROFESSIONAL LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the professional limited liability company is ADVANCED CARDIAC & VASCULAR CENTER, P.L.
2. The name and the Florida street address of the registered agent are:

Erin Smith Aebel, Esq.  
Shumaker, Loop & Kendrick, LLP  
101 East Kennedy Boulevard  
Suite 2800  
Tampa, Florida 33602

*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.*

  
Erin Smith Aebel, Esq.  
Registered Agent

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