

Florida Department of State  
Division of Corporations  
Public Access System  
Electronic Filing Cover Sheet  
**W08000017209**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000041868 3)))



H080000418683AEC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : BURGESS, HARRELL, MANCUSO, OLSON & COLTON,  
Account Number : 120000300104  
Phone : (941) 366-3700  
Fax Number : (941) 366-0189

FILED  
08 FEB 18 AM 8:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**Cardiovascular Disease Assessment and Prevention Cen**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

**D. BRUCE**  
FEB 18 2008  
**EXAMINER**

RECEIVED  
08 FEB 18 PM 1:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

408000041868 3  
ARTICLES OF ORGANIZATION  
OF

CARDIOVASCULAR DISEASE ASSESSMENT AND PREVENTION CENTER, PLLC

EACH UNDERSIGNED, for the purpose of forming a limited liability company pursuant to the Professional Service Corporation and Limited Liability Company Act, does hereby certify as follows:

ARTICLE I - NAME AND LOCATION OF AGENT AND OFFICES

1.1 The name of the Professional Limited Liability Company is: CARDIOVASCULAR DISEASE ASSESSMENT AND PREVENTION CENTER, PLLC ("Company").

1.2 Principal Office and Mailing Address. The company's principal office, if known, shall be 1851 ARLINGTON STREET, SUITE 206, SARASOTA, FLORIDA 34239, and the mailing address of the company shall be 1851 ARLINGTON STREET, SUITE 206, SARASOTA, FLORIDA 34239. The company may change the foregoing addresses, transact business at other places within or without the State of Florida and establish branch offices within or without the State of Florida.

1.3 Initial Registered Agent and Office; Statement of Acceptance. The initial Registered Agent for the company to accept service of process within the State of Florida shall be MAHFOUZ EL SHAHAWY. The initial Registered Office street address of the Registered Agent shall be 1851 ARLINGTON STREET, SUITE 206, SARASOTA, FLORIDA 34239. The initial Registered Agent hereby states that the Registered Agent is familiar with, and accepts, the obligations of this position.

ARTICLE II - COMMENCEMENT AND DURATION

2.1 Commencement of Company's Existence. The company's existence shall commence at 12:01 A.M. on the date of the subscription and acknowledgment hereof, which date shall be within 5 business days prior to the filing hereof by the Department of State.

2.2 Duration. The corporation shall have perpetual existence, or until dissolved according to law.

ARTICLE III - PURPOSE AND POWERS

3.1 Purpose. The sole and specific purpose for which the company is initially organized shall be to render professional service to the public which a cardiovascular physician, duly licensed or legally authorized, may render under the laws of Florida, and to transact any and all incidental lawful business for which a company may be formed under the laws of Florida, and to do everything necessary or convenient for the accomplishment of said purpose, and to do all other things incidental thereto or connected therewith that are not prohibited by law, and to carry out said purpose in any state, territory, district or possession of the United States or in any foreign country, to the extent not prohibited by law therein.

ARTICLE V - MANAGEMENT

The Company is to be managed by one or more members and is, therefore, a member managed company.

IN WITNESS WHEREOF, the undersigned executed this instrument affirming under penalties of perjury that the facts stated herein are true on February 18, 2008.

*Mahfouz El Shahawy*  
MAHFOUZ EL SHAHAWY  
Member & Registered Agent

08 FEB 18 AM 8:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

408000041868 3