ROBERT SHAPIRO PA Plorida Department Division of Corporations

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Division of Corporations

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From:

: SHAPIRO & ADAMS, P.A. Account Name

Account Number: Il9990000101 Phone : (561)691-0059 Fax Number

: (561)691-0066

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Palm Beach Gardens Research Center, LLC

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EXAMINER

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Division of Corporations

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

RIFICLES OF ORGANIZATION FOR F	TORDA LEVILLED LIABILALL COME	PALT I
ARTICLE I - Name: The name of the Limited Liability Company is	3.	
Palm Beach Gardens Researc		
(Must and with the words "Limited Liab	sility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:	_	
	principal office of the Limited Liability Compa	ny is:
•		
Principal Office Address:	Mailing Address:	
3365 Burns Road	3365 Burns Road	
Suite 101	Suke 101	
Palm Beach Gardens, FL 33410	Palm Beach Gardens, FL 33410	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registerion business entity with an active Florida registration.)	Istared Agent, You must designate an individual or another	08 JUN 27
The name and the Florida street address of the	registered agent are:	Æ
Edward Mostel		
. Nam	¢	-1
3355 Burns Road	1, Suite 101 ddress (P.O. Box NOT acceptable)	AN O
5 2 2	Annana Anna anna anna anna ann ann ann a	

Florida street address (P.O. Box NOT acceptable Palm Beach Gardens 33410

City, State, and Zip

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

(H080001617003)

<u>Title:</u> "MGR" = Ma "MGRM" = N	nager Managing Member	Name and Address:
MGRM		Palm Beach Cardiology Center, Inc.
		3365 Bums Road, Suite 101
	•	Paim Beach Gardens, FL 33410
	 -	
······································	 -	
		
	ont if necessary)	ne date of filing: (OPTIONA
LE V: Effecti Tective date is days after the	ve date, if other than the listed, the date must a date of filing.)	ne date of filing: (OPTIONAle be specific and cannot be more than five business day
LE V: Effecti Tective date is days after the	ve date, if other than the listed, the date must edate of filing.) SIGNATURE:	be specific and cannot be more than five business day
LE V: Effecti Tective date is days after the	ve date, if other than the listed, the date must edate of filing.) SIGNATURE:	be specific and cannot be more than five business day for or an authorized representative of a member.
LE V: Effecti Tective date is days after the	ve date, if other than the listed, the date must edate of filing.) SIGNATURE: Signature of a memical content of	be specific and cannot be more than five business day ther or an authorized representative of a member. section 608,408(3), Florida Statutes, the execution stillutes an affirmation under the penalties of perjury
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LE V: Effecti Tective date is days after the	ve date, if other than the listed, the date must edate of filing.) SIGNATURE: Signature of a memical file document con that the facts stated Edward Mc	be specific and cannot be more than five business day ber or an authorized representative of a member, section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury is heroin are true.)

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