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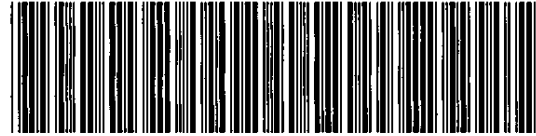
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TALLAHASSEE, FLORIDA

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08 JUL 17 AM 8:35
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TALLAHASSEE, FLORIDA

B. KOHR

JUL 18 2008

EXAMINER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Lakeland Vascular Institute,
LLC

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- ___ Art of Inc. File
- ___ LTD Partnership File
- ___ Foreign Corp. File
- ___ L.C. File
- ___ Fictitious Name File
- ___ Trade/Service Mark
- ___ Merger File
- ___ Art. of Amend. File
- ___ RA Resignation
- ___ Dissolution / Withdrawal
- ___ Annual Report / Reinstatement
- ___ Cert. Copy
- ___ Photo Copy
- ___ Certificate of Good Standing
- ___ Certificate of Status
- ___ Certificate of Fictitious Name
- ___ Corp Record Search
- ___ Officer Search
- ___ Fictitious Search
- ___ Fictitious Owner Search
- ___ Vehicle Search
- ___ Driving Record
- ___ UCC 1 or 3 File
- ___ UCC 11 Search
- ___ UCC 11 Retrieval

Signature

Requested by:

Name

Date

Time

WC 7/17 11:00

**ARTICLES OF ORGANIZATION
OF
LAKELAND VASCULAR INSTITUTE, L.L.C.**

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08 JUL 17 AM 8:35
TALLAHASSEE, FLORIDA

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Act, F.S. Chapter 608, hereby makes, acknowledges and files the following Articles of Organization.

ARTICLE I - NAME

The name of the limited liability company (the "Company") shall be Lakeland Vascular Institute, L.L.C.

ARTICLE II - DURATION

The limited liability company shall have perpetual duration.

ARTICLE III - PRINCIPAL PLACE OF BUSINESS AND ADDRESS

The principal place of business and the address of the Company shall be 2120 Lakeland Hills Boulevard, Lakeland, Florida 33805 and its mailing address is the same.

ARTICLE IV - PURPOSES AND POWERS

The general purpose for which the Company is organized is to transact any lawful business for which a limited liability company may be organized under the laws of the State of Florida in connection therewith. The Company shall have all the powers granted to a limited liability company under the laws of the State of Florida.

ARTICLE V - REGISTERED OFFICE AND AGENT

The name of the registered agent of the Company in the State of Florida is Jonn D. Hoppe, and its address is 225 E. Lemon Street, Suite 300, Lakeland, Florida 33801.

ARTICLE VI - MANAGEMENT

The Company shall be manager-managed. The signature of a Manager of the Company signing on behalf of the Company may be relied on as sufficient evidence of the action of the Company and that such action has been authorized by the consent of the Members as provided in the Operating Agreement.

ARTICLE VII - OPERATING AGREEMENT

The Members of the Company shall hereafter adopt an Operating Agreement setting forth all the terms, provisions, conditions and covenants by which the Company will be governed. The power to adopt, alter, amend or repeal the Operating Agreement shall be vested in the Members of the Company as further set forth in the Operating Agreement.

IN WITNESS WHEREOF, the undersigned, as organizer, hereby execute these articles of organization this 16 day of July, 2008.



Jonn D. Hoppe, Organizer

STATE OF FLORIDA
COUNTY OF POLK

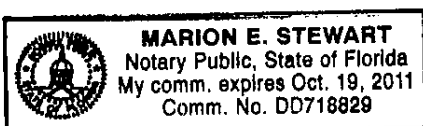
Before me, the undersigned authority, an officer duly authorized to administer oaths and take acknowledgments, personally appeared Jonn D. Hoppe, who ☒ is personally known to me or who ☐ has produced _____ as identification.

WITNESS my hand and official seal this 16 day of July, 2008.

(NOTARIAL SEAL)



Notary Public
My Commission Expires:



ACCEPTANCE

Having been named to accept service of process for Lakeland Vascular Institute, L.L.C. at the place designated as stated in these Articles of Organization, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the duties and obligations of Chapter 608, Florida Limited Liability Company Act.

DATED this 16 day of July, 2008.



Jonn D. Hoppe
Registered Agent