

Division of Corporations

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

From:
Account Name : BRANT, ABRAHAM, REITER & MCCORMICK, P.A.
Account Number : I20040000043
Phone : (904) 358-2750
Fax Number : (904) 353-1166

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

St. Augustine Cardiovascular and Medical Plaza, LLC

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|-----------------------|----------|
| Certificate of Status | 1 |
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EXAMINER

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**ARTICLES OF ORGANIZATION
OF
ST. AUGUSTINE CARDIOVASCULAR
AND
MEDICAL PLAZA, LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company 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 shall be **St. Augustine Cardiovascular and Medical Plaza, LLC.**

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Company is **3900 University Boulevard South, Jacksonville, Florida 32216.**

ARTICLE III - DURATION

The Company shall commence its existence upon the filing of these Articles by the Department of State. The Company's existence shall be perpetual unless the Company is sooner terminated as provided in the operating agreement of the Company.

ARTICLE IV - REGISTERED OFFICE AND AGENT

The name and street address of the registered agent of the Company in the State of Florida is **Brant, Abraham, Reiter, McCormick & Greene, P. A., 50 N. Laura Street, Suite 2750, Jacksonville, Florida 32202.**

ARTICLE V - MANAGEMENT BY MEMBERS

The Company shall be managed by a Managing Member pursuant to the terms and conditions of an operating agreement adopted by the Members. The initial Managing Member of the Company shall be **Majdi Ashchi, D.O.**

IN WITNESS WHEREOF, the undersigned organizer has made and subscribed these Articles of Organization for the foregoing uses and purposes.

Executed by the undersigned on October 24, 2008.



David T. Abraham, Authorized Representative

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CERTIFICATE OF DESIGNATION OF REGISTERD AGENT/REGISTERED OFFICE

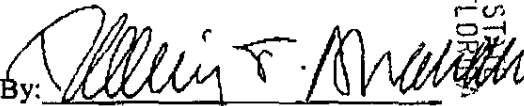
Under the provisions of F.S. 608.415, **St. Augustine Cardiovascular and Medical Plaza, LLC**, submits the following statement to designate a registered office and registered agent in the State of Florida:

1. The name of the limited liability company is **St. Augustine Cardiovascular and Medical Plaza, LLC**.
2. The name and street address of the registered agent in Florida is:

Brant, Abraham, Reiter, McCormick & Greene, P.A.
50 North Laura Street, Suite 2750
Jacksonville, Florida 32202

The undersigned, being the person named in the *Articles of Organization of St. Augustine Cardiovascular and Medical Plaza, LLC*, as the registered agent of this limited liability company, hereby consents to accept service of process for the above-stated Company at the place designated in the *Articles of Organization*, and accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of his or her duties, and is familiar with and accepts the obligations of the position of registered agent.

Brant, Abraham, Reiter, McCormick & Greene, P.A.

By: 
David T. Abraham
Its: Vice President

"Registered Agent"

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