

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L09000002557  
FILED 8:00 AM  
January 08, 2009  
Sec. Of State  
gharvey

**Article I**

The name of the Limited Liability Company is:

INSTITUTE OF CARDIOVASCULAR EXCELLENCE, PLLC

**Article II**

The street address of the principal office of the Limited Liability Company is:

4720 SW 49 ROAD  
OCALA, FL. 34474

The mailing address of the Limited Liability Company is:

C/O JOSE H. CORTES., JR., ESQUIRE  
POST OFFICE BOX 1869  
OCALA, FL. 34478

**Article III**

The purpose for which this Limited Liability Company is organized is:

TO ENGAGE IN THE BUSINESS OF CARRYING ON THE PRACTICE OF  
MEDICINE, ALL ACTIVITIES NECESSARY, CUSTOMARY, CONVENIENT,  
OR INCIDENT TO THE PRACTICE OF MEDICINE, AND, IN GENERAL,  
TO ENGAGE IN ANY AND ALL LAWFUL PURPOSE.

**Article IV**

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

JOSE H CORTES JR.  
4 SOUTHEAST BROADWAY STREET  
OCALA, FL. 34471

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.

Registered Agent Signature: JOSE H. CORTES, JR.

### **Article V**

The name and address of managing members/managers are:

Title: MGRM  
ASAD U QAMAR M.D.  
4720 SW 49 ROAD  
OCALA, FL. 34474

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### **Article VI**

The effective date for this Limited Liability Company shall be:

01/08/2009

Signature of member or an authorized representative of a member

Signature: JOSE H. CORTES, JR., AUTHORIZED AGENT