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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Summit Cardiology Solutions, LLC

Certificate of Status	0
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**ARTICLES OF ORGANIZATION
OF
Summit Cardiology Solutions, LLC**

ARTICLE I NAME

The name of the limited liability company shall be: Summit Cardiology Solutions, LLC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 7651 Ashley Park Court Suite 408, Orlando, Florida 32835.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Trevor W. Gibson, 932 Palm Cove Drive, Orlando, Florida 32835. Located in the County of Orange.


ARTICLE IV DURATION

The duration for the limited liability company shall be: Perpetual.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the names and addresses of the members of the Limited Liability Company are:

Trevor W. Gibson, 7651 Ashley Park Court Suite 408, Orlando, Florida 32835
Laura I. Gibson, 7651 Ashley Park Court Suite 408, Orlando, Florida 32835


Business Filings Incorporated, Organizer
Mark Williams, A.V.P.
Authorized Representative
Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison, WI 53717
(608) 827-5300

Date: October 7, 2009

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**CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: Summit Cardiology Solutions, LLC

The name and address of the registered agent and office is Trevor W. Gibson, 932 Palm Cove Drive, Orlando, Florida 32835. Located in the County of Orange.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature: Trevor W. Gibson

Date: 10-07-09

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