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(Requestor's Name)

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(City/State/Zip/Phone #)

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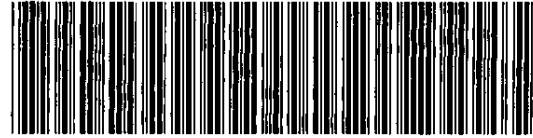
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 JUN 14 AM 10:08

B. KOHR

JUN 15 2010

EXAMINER

Trute & Robbins
A PARTNERSHIP INCLUDING PROFESSIONAL ASSOCIATIONS
ATTORNEYS AND COUNSELORS AT LAW
SUITE 202 • 1090 KANE CONCOURSE
Bay Harbor Islands, Florida 33154

MELVYN TRUTE, P.A.
MARJORIE F. ROBBINS, P.L.

POST OFFICE BOX 6260
Surfside, Florida 33154

DADE (305) 865-6736
BROWARD (305) 763-8499
FACSIMILE (305) 865-6736

June 11, 2010

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Articles of Organization for Miami Cardiology Clinical Research, LLC

Ladies and Gentlemen:

Enclosed herewith for filing please find Articles of Organization for Miami Cardiology Clinical Research, LLC together with our check payable to the order of the Division of Corporations in the amount of \$160.00 representing cost of filing fee, Certificate of Status, and certified copy of the Articles of Organization.

Kindly return the certified copy of the Articles and the Certificate of Status in the envelope enclosed.

Should you have any questions please contact me. Thank you for your attention to this matter.

Very truly yours,

TRUTE & ROBBINS

By: 

MARJORIE F. ROBBINS

MFR/dn

Enclosures

cc: John Sokolowicz, M.D.
Dean Heller, M.D.

RECEIVED
DIVISION OF CORPORATIONS
JUN 14 AM 09

**ARTICLES OF ORGANIZATION
FOR
MIAMI CARDIOLOGY CLINICAL RESEARCH, LLC**

FILED
STATE
DIVISION OF CORPORATIONS
10 JUN 14 AM 10:06

ARTICLE I – NAME

The name of the Limited Liability Company is:

MIAMI CARDIOLOGY CLINICAL RESEARCH, LLC

ARTICLE II – ADDRESS

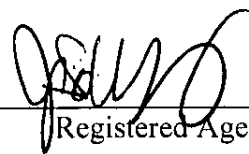
The mailing address and street address of the principal office of the Limited Liability Company is:

**8525 S.W. 92nd Street
Suite D-13
Miami, FL 33156**

ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE, AND REGISTERED AGENT'S SIGNATURE:

**JOHN SOKOLOWICZ, M.D.
8525 S.W. 92nd Street
Suite D-13
Miami, FL 33156**

Having been named 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.



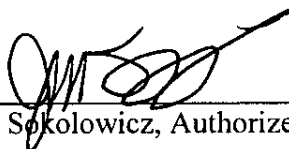
Registered Agent's Signature

ARTICLE IV - MANAGER(S) OR MANAGING MEMBER(S):

The name and address of each Manager or Managing Member is as follows:

John Sokolowicz, M.D. – Managing Member
8525 S.W. 92nd Street
Suite D-13
Miami, FL 33156

Dean Heller, M.D. – Managing Member
8525 S.W. 92nd Street
Suite D-13
Miami, FL 33156



John Sokolowicz, Authorized Representative

(In accordance with Section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)