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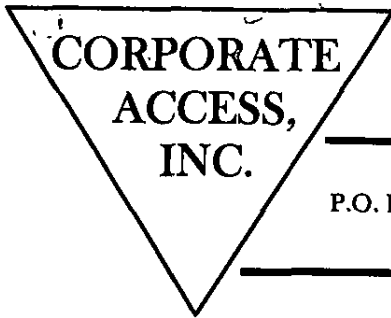
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- ☐ CERTIFIED COPY _____
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1. Central Florida Cardiology + Vascular Center, LLC
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

**ARTICLES OF ORGANIZATION
OF
CENTRAL FLORIDA CARDIOLOGY & VASCULAR CENTER, LLC**

The undersigned, who are the duly licensed doctors of medicine in the State of Florida and desiring to form a professional limited liability company in accordance with the Florida Limited Liability Company Act and the Florida Professional Service Corporation and Limited Liability Company Act, does hereby adopt the following Articles of Organization for the Limited Liability Company:

FIRST: The name of the Limited Liability Company is **CENTRAL FLORIDA CARDIOLOGY & VASCULAR CENTER, LLC**

SECOND: The Limited Liability is organized for the purpose of engaging in the practice of medicine and to take all actions necessary or proper in connection with such practice.

THIRD: The mailing address and street address of the principal office of the Limited Liability Company is 1819 Salk Ave, Ste # 1, Tavares, FL 32778.

FOURTH: The street address of the initial registered office of the Limited Liability Company in Florida is 1819 Salk Ave, Ste # 1, Tavares, FL 32778 and the name of the Initial registered agent of the Limited Liability Company in Florida at that address is Prabhakara B. Kunamneni.

FIFTH: The members of the Limited Liability Company shall consist of not less than one Member. The name and address of the initial Members is:

Dr. Prabhakara B. Kunamneni (MGRM)
1819 Salk Ave
Ste # 1
Tavares, FL 32778

FIFTH: The Limited Liability Company is to be managed by the Members.

IN WITNESS WHEREOF, the Members have executed and acknowledged these Articles of Organization on January 3, 2011.


Prabhakara B. Kunamneni

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**CONSENT TO APPOINTMENT
BY REGISTERED AGENT**

I, having been named as Registered Agent for CENTRAL FLORIDA CARDIOLOGY
& VASCULAR CENTER, LLC
hereby voluntarily consent to serve as Registered Agent for CENTRAL FLORIDA
CARDIOLOGY & VASCULAR CENTER, LLC

I know and understand the duties and responsibilities of a Registered Agent as set forth in
the Florida Statutes Annotated Sections 608.401 to 608.471, and I hereby accept those
duties and responsibilities.

Dated: January 3, 2011

K. Prabhakarababu.
Prabhakara B. Kunamneni