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(Business Entity Name)

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2011 MAY 17 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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T. CLINE

MAY 18 2011

EXAMINER

SORIN ROYER COOPER

Attorneys at Law

May 12, 2011

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

Re: Vascular Access Center of Tampa, LLC

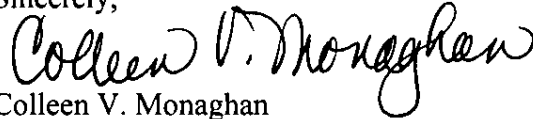
Dear Sir or Madam:

Enclosed for filing are Articles of Organization for the above-proposed Florida Limited Liability Company. Also enclosed is a check payable to the Florida Department of State for \$125 in payment of the filing fee.

Please acknowledge receipt of this filing by date stamping and returning the enclosed copy of this letter in the self-addressed envelope provided.

If you have any questions or require anything further, please do not hesitate to contact me at 484-362-2623.

Sincerely,



Colleen V. Monaghan
Paralegal

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TALLAHASSEE, FLORIDA

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Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Vascular Access Center of Tampa, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Colleen V. Monaghan

Name of Person

SorinRoyerCooper LLC

Firm/Company

101 W. Elm Street, Suite 220

Address

Conshohocken, PA 19428

City/State and Zip Code

MSuter@vascularcenters.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Colleen V. Monaghan

Name of Person

at (484)

362-2623

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filing Fee

\$130.00 Filing Fee & Certificate of Status

\$155.00 Filing Fee & Certified Copy
(additional copy is enclosed)

\$160.00 Filing Fee, Certificate of Status & Certified Copy
(additional copy is enclosed)

Mailing Address

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

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Vascular Access Center of Tampa, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

2929 Arch Street, Suite 620
Philadelphia, PA 19104

Mailing Address:

2929 Arch Street, Suite 620
Philadelphia, PA 19104

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

CT Corporation System

Name

1200 South Pine Island Road

Florida street address (P.O. Box **NOT** acceptable)

Plantation FL 33324

City, State, and Zip

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 as provided for in Chapter 608, F.S..

Margaret E. Rouzahn
Registered Agent's Signature (REQUIRED)

MARGARET E. ROUTZAHN
Special Assistant Secretary

(CONTINUED)

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TALLAHASSEE, FLORIDA

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ARTICLE IV- Manager(s) or Managing Member(s):

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Vascular Access Centers, LLC

2929 Arch Street, Suite 620

Philadelphia, PA 19104

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

James F. McGuckin

Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA