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Division of Corporations

P.000006

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# L14000087340

Florida Department of State  
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**FLORIDA LIMITED LIABILITY CO.**  
**Coastal Cardiovascular Consultants, PLLC**

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May 30, 2014

FLORIDA DEPARTMENT OF STATE

Division of Corporations  
GREENE HAMRICK QUINLAN SCHERMER & ESPOSITO, P.A.

SUBJECT: COASTAL CARDIOVASCULAR CONSULTANTS, PLLC  
REF: W14000033694

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The specific purpose of the entity must be set forth in the document.

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Teresa Brown  
Regulatory Specialist II

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Articles of Organization of  
**COASTAL CARDIOVASCULAR CONSULTANTS, PLLC**  
a Florida Professional Limited Liability Company

The undersigned, **PHILIP E. PERREY**, desires to form a professional limited liability company pursuant to the Florida Professional Service Corporation and Limited Liability Company Act (Chapter 621, Florida Statutes) and the Florida Revised Limited Liability Company Act (Chapter 605, Florida Statutes). As an authorized representative of a member of the proposed professional limited liability company, he does hereby make and file these Articles of Organization, and hereby declares and affirms:

**ARTICLE I:**

**Name**

The name of the company is **Coastal Cardiovascular Consultants, PLLC**, a Florida Professional Limited Liability Company ("Company").

**ARTICLE II:**

**Duration**

The period of duration for the Company is perpetual, beginning on the date these Articles of Organization are filed by the Florida Department of State.

**ARTICLE III:**

**Purpose**

The Company is being formed for the sole and specific purpose of rendering professional services in the medical specialty of cardiology dealing with disorders of the heart. The members of the Company will be a group of professional service corporations, professional limited liability companies, or individuals, duly licensed or otherwise legally qualified to render professional services in the medical specialty of cardiology.

**ARTICLE IV:**

**Street Address and Mailing Address**

The street address of the Company's principal office is 601 - 12th Street West, Bradenton, Florida. The mailing address of the Company's principal office is 601 - 12th Street West, Bradenton, FL 34205.

**ARTICLE V:  
Registered Agent and Office**

The name of the Company's initial registered agent for service of process in the State of Florida is **PHILIP E. PERREY**. His street/mailling address is 601 - 12th Street West, Bradenton, FL 34205.

**ARTICLE VI:  
Admission of New Members**

The Company has the right to admit new members. Additional members may be admitted only on the unanimous written consent of the existing member(s), and the existing member(s) shall determine the amount and nature of contributions by new members at the time the new members are admitted.

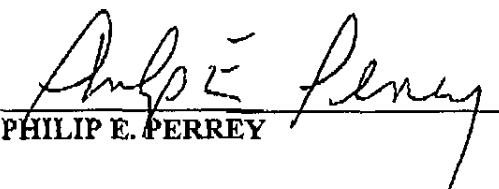
**ARTICLE VII:  
Continuation Provisions**

The remaining members of the Company have the right to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event that terminates the continued membership of a member in the Company. The business may be continued only on the unanimous written consent of the remaining members.

**ARTICLE VIII:  
Additional Provisions**

The power to adopt, alter, amend, or repeal the regulations of the Company is vested entirely in the members of the Company.

IN WITNESS WHEREOF, the undersigned, being an authorized representative of a member of the proposed professional limited liability company, does certify that: he is of full age; he is competent to contract; and, he is a citizen of the United States of America. For the purpose of forming the proposed professional limited liability company above-named to do business both within and without the State of Florida, and in pursuance of the Florida Professional Service Corporation and Limited Liability Company Act and the Florida Revised Limited Liability Company Act, I do make and file these Articles of Organization, hereby declaring and certifying that the matters above stated are true, and accordingly I have hereunto set my hand and seal this 30th day of May, 2014.

  
PHILIP E. PERREY (SEAL)

STATE OF FLORIDA  
COUNTY OF MANATEE

The foregoing instrument was acknowledged before me on May 30, 2014, by  
**PHILIP E. PERREY**, who is personally known to me; or produced \_\_\_\_\_  
(type of identification produced) as identification.

Signature:

(Affix Notary Seal)



PATRICIA R. BLAUVELT  
MY COMMISSION # FF 028669  
EXPIRES: August 3, 2017  
Bounded Thru Budget Notary Services

Patricia R. Blauvelt  
NOTARY PUBLIC, *State of Florida at Large*  
Typed name: PATRICIA R. BLAUVELT  
My Commission Expires: \_\_\_\_\_  
My Commission No.: \_\_\_\_\_

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 605.0113, Florida Statutes, the undersigned Limited Liability Company submits the following statement in designating the registered office/registered agent, in the State of Florida:

1. The name of the Florida professional limited liability company is

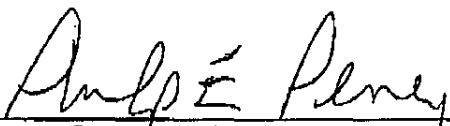
**Coastal Cardiovascular Consultants, PLLC**

2. The name and street/mailling address of the registered agent and office is:

Philip E. Perrey  
601 - 12th Street West  
Bradenton, FL 34205

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

DATED: May 30, 2014.

  
Philip E. Perrey, Registered Agent

STATE OF FLORIDA  
COUNTY OF MANATEE


The foregoing instrument was acknowledged before me this 30th day of May, 2014, by **PHILIP E. PERREY**, who is personally known to me or produced \_\_\_\_\_ (type of identification produced) as identification.

*Signature*

*Affix Notary Seal)*



PATRICIA R. BLAUVELT  
MY COMMISSION # FF 020689  
EXPIRES: August 3, 2017  
Bonded Thru Budget Notary Services

  
NOTARY PUBLIC, State of Florida at Large  
Typed name: PATRICIA R. BLAUVELT  
My Commission Expires: \_\_\_\_\_  
My Commission No.: \_\_\_\_\_