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Division of Corporations

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Florida Department of State
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To: Division of Corporations
 Fax Number : (850) 617-6383

From: Account Name : SHUMAKER, LOOP & KENDRICK LLP
 Account Number : 075500004387
 Phone : (813) 229-7600
 Fax Number : (813) 229-1660

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA LIMITED LIABILITY CO.
 Fact Advanced Cardio Thoracic Critical Care, PLLC

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| Certificate of Status | 0 |
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K. SALLY
 EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
FOR
FACT ADVANCED CARDIO THORACIC CRITICAL CARE, PLLC**

ARTICLE I – Name:

The name of the Professional Limited Liability Company is **FACT ADVANCED CARDIO THORACIC CRITICAL CARE, PLLC**.

ARTICLE II – Purpose:

The purpose of the Professional Limited Liability Company (“Company”) is to engage in the practice of medicine.

ARTICLE II – Address:

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

5 Tampa General Circle
Suite 820
Tampa, FL 33606

ARTICLE III – Managers:

The Company will be manager-managed.

ARTICLE IV – Indemnification:

The Company shall, to the full extent permitted by Section 605.0408, of the Florida Statutes, as amended from time to time, indemnify all persons whom it may indemnify pursuant thereto. The indemnification provided by this Article IV shall not limit or exclude any rights, indemnities or limitations of liabilities to which any person may be entitled, as a matter of law, under the regulations of the Company, by agreement or otherwise.

ARTICLE V – ADMISSION OF MEMBERS

No person may be admitted as a Member, whether as a substituted Member or an additional Member, except upon the consent of all the Members as provided in Section 605.0401(3)(c) or as provided in Section 605.0701(3) and in the manner set forth in the Operating Agreement of the Company, as it may be amended from time to time, or as otherwise agreed by all of the Members.

ARTICLE VI – TRANSFER OF INTEREST IN COMPANY

No transfer of an Interest in the Company is permitted or valid except in accordance with

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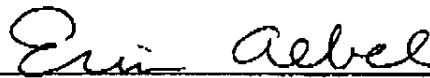
the restrictions on transfer contained in the Operating Agreement of the Company, as amended at the effective time of the transfer.

ARTICLE VII - Registered Agent and Registered Address

The name and the street address of the registered agent is:

Erin Aebel, Esq.
Shumaker, Loop & Kendrick, LLP
101 East Kennedy Boulevard
Suite 2800
Tampa, Florida 33602

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 10th day of December, 2014.



Signature of an authorized representative of a member.

(In accordance with Section 605.0202(1)(b), 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 in section 817.155, Florida Statutes)

Erin Aebel

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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

PURSUANT TO THE PROVISIONS OF CHAPTER 605, FLORIDA STATUTES, THE FOLLOWING PROFESSIONAL LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of the professional limited liability company is **FACT ADVANCED CARDIO THORACIC CRITICAL CARE, PLLC.**
2. The name and the Florida street address of the registered agent are:

Erin Aebel, Esq.
Shumaker, Loop & Kendrick, LLP
101 East Kennedy Boulevard
Suite 2800
Tampa, Florida 33602

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



Erin Aebel, Esq.
Registered Agent

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