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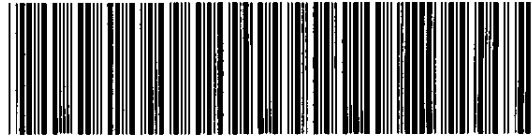
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**DATE:** 2/1/17

**NAME:** ADVANCED CARDIOVASCULAR SOLUTIONS LLC

**TYPE OF FILING:** ARTICLES

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**ACCOUNT:** FCA000000015

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*Abbie Hodge*

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**ARTICLES OF ORGANIZATION FOR A  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I      NAME**

The name of the Limited Liability Company is:

ADVANCED CARDIOVASCULAR SOLUTIONS, LLC

**ARTICLE II      ADDRESS**

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

412 W NOBLE AVENUE

WILLISTON, FLORIDA 32696

**ARTICLE III      REGISTERED AGENT**


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

DIANA HUNT

6839 SW 129TH STREET

OCALA, FLORIDA 34473

*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 605, F.S.*

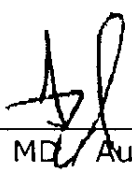
X  \_\_\_\_\_  
DIANA HUNT / Registered Agent's signature

PAGE 2      ADVANCED CARDIOVASCULAR SOLUTIONS, LLC

**ARTICLE IV      AUTHORIZED PERSON(S)**

The name and address of each person authorized to manage and control the Limited Liability Company:

AUTHORIZED MEMBER  
ASAD U QAMAR, MD  
412 W NOBLE AVENUE  
WILLISTON, FLORIDA 32696

-----  
  
X  \_\_\_\_\_  
ASAD U QAMAR, MD Authorized Representative's signature

*(In accordance with section 605.0203 (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 for in s.817.155, F.S.)*

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