Florida Department of State

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21 PH IZ:

FLORIDA LIMITED LIABILITY CO.

Cardiocare Heart and Vascular Center, PLLC

Certificate of Status	0
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ARTICLES OF ORGANIZATION

OF

CARDIOCARE HEART AND VASCULAR CENTER, PLLC

The undersigned authorized representative of a member, for the purpose of forming a professional limited liability company under the Florida Revised Limited Liability Act, Florida Statutes Chapters 605 and 621 (the "Act"), hereby makes, acknowledges and files the following Articles of Organization:

ARTICLE I — NAME

The name of the professional limited liability company is Cardiocare Heart and Vascular Center, PLLC (the "Company").

ARTICLE II - ADDRESS

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

516 S. Dixie Hwy., #347 West Palm Beach, FL 33401

ARTICLE III - OTHER PROVISIONS

The purpose for which the Company is organized is to engage in the practice of medicine as a professional limited liability company and to provide services incidental thereto, carried out only by employees, officers and agents who are licensed in Florida to render medical services.

ARTICLE IV - REGISTERED AGENT

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

Nason Yeager Gerson Harris & Fumero, P.A. 3001 PGA Boulevard, Suite 305 Palm Beach Gardens, FL 33410

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.

Nason Yeager Gerson Harris & Fumero, P.A.

By: Nelly M. In Crw Philip M. DiComo, Esq.

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ARTICLE V — MANAGEMENT

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

Title	Name and Address
MGR	Emilio Garcia 516 S. Dixie Hwy., #347
	West Palm Beach, FL 33401

REQUIRED SIGNATURE

Philip M. DiComo, Authorized Representative

(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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