

Elaine Maskevich
HOLLAND & KNIGHT

L97000000674

Requestor's Name

15 SOUTH MIAMI STREET

Address

Tallahassee, Florida 32301

City/State/Zip

Phone #

224-7000

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Diagnostic Cardiology of Florida, P.L.
(Corporation Name) (Document #)

2. _____ (Corporation Name) (Document #) **500002221745--4**

-06/24/97--01075--022

****337.50 ****337.50

3. _____ (Corporation Name) (Document #)

4. _____ (Corporation Name) (Document #)

Walk in

Pick up time 6-16-97 3:30

Certified Copy

Mail out

Will wait

Photocopy

Certificate of Status

FILED
97 JUN 16 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| NEW FILINGS | |
|-------------------------------------|-------------------|
| <input type="checkbox"/> | Profit |
| <input type="checkbox"/> | NonProfit |
| <input checked="" type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication |
| <input type="checkbox"/> | Other |

| AMENDMENTS | |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Amendment |
| <input type="checkbox"/> | Resignation of R.A., Officer/Director |
| <input type="checkbox"/> | Change of Registered Agent |
| <input type="checkbox"/> | Dissolution/Withdrawal |
| <input type="checkbox"/> | Merger |

| OTHER FILINGS | |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report |
| <input type="checkbox"/> | Fictitious Name |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/QUALIFICATION | |
|----------------------------|---------------------|
| <input type="checkbox"/> | Foreign |
| <input type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/> | Reinstatement |
| <input type="checkbox"/> | Trademark |
| <input type="checkbox"/> | Other |

Handwritten signature/initials

Handwritten signature/initials

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

June 16, 1997

HOLLAND & KNIGHT
315 S. CALHOUN ST.
TALLAHASSEE, FL 32301

SUBJECT: DIAGNOSTIC CARDIOLOGY OF FLORIDA, P.L.
Ref. Number: W97000014015

We have received your document for DIAGNOSTIC CARDIOLOGY OF FLORIDA, P.L. . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

*see
revisions
& letter*

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

If you have any questions concerning the filing of your document, please call (904) 487-6934.

Loria Poole
Corporate Specialist

Letter Number: 597A00032092

Elaine Maskevich
HOLLAND & KNIGHT

Requestor's Name

315 SOUTH CALHOUN STREET

Address

Tallahassee, Florida 32301

City/State/Zip

Phone #

224-7000

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Diagnostic Cardiology Associates, P.L.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

Walk in

Pick up time 6:20-97
7:00

Certified Copy

Mail out

Will wait

Photocopy

Certificate of Status

| NEW FILINGS | |
|-------------------------------------|-------------------|
| <input type="checkbox"/> | Profit |
| <input type="checkbox"/> | NonProfit |
| <input checked="" type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication |
| <input type="checkbox"/> | Other |

| AMENDMENTS | |
|--------------------------|--|
| <input type="checkbox"/> | Amendment |
| <input type="checkbox"/> | Resignation of R.A., Officer/ Director |
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| <input type="checkbox"/> | Dissolution/Withdrawal |
| <input type="checkbox"/> | Merger |

| OTHER FILINGS | |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report |
| <input type="checkbox"/> | Fictitious Name |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/ QUALIFICATION | |
|--------------------------------|---------------------|
| <input type="checkbox"/> | Foreign |
| <input type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/> | Reinstatement |
| <input type="checkbox"/> | Trademark |
| <input type="checkbox"/> | Other |

RECEIVED
DIVISION OF CORPORATION
97 JUN 20 11:03
Tallahassee, FL

Examiner's Initials

Diagnostic Cardiology Associates, P.A.
St. Vincent's Medical Center
1800 Barrs Street
Jacksonville, Florida 32224

TO: Secretary of State, State of Florida

The undersigned, being an officer of Diagnostic Cardiology Associates, P.A. .
(the "P.A. "), a professional association duly organized and existing under the laws of the State
of Florida, on behalf of the P.A., does hereby grant permission for and approves the filing of
Articles of Formation for the following named professional limited company:

Diagnostic Cardiology Associates, P.L.

The undersigned understands that this approval is necessary due to the similarity of the
names.

Dated this 18th day of June, 1997.

DIAGNOSTIC CARDIOLOGY
ASSOCIATES, P.A.
a Florida professional association

By: _____

[Print name: _____]

Its: _____

DIAGNOSTIC CARDIOLOGY ASSOCIATES, P.L.

ARTICLES OF ORGANIZATION

The undersigned, being a duly authorized representative of a member, desiring to form a limited liability company under and pursuant to the Florida Limited Liability Company Act, Chapter 608, Florida Statutes, and the Professional Service Corporation and Limited Liability Company Act, Chapter 621, Florida Statutes, does hereby adopt the following Articles of Organization:

ARTICLE I. NAME

The name of the limited liability company is **DIAGNOSTIC CARDIOLOGY ASSOCIATES, P.L.** (the "Company").

ARTICLE II. ADDRESS

The Company's principal street address is 1820 Barrs Street, Jacksonville, Florida 32204. The mailing address of the Company is P.O. Box 2982, Jacksonville, Florida 32203.

ARTICLE III. DURATION AND CONTINUATION

The period of the Company's duration shall commence with the filing of these Articles of Organization with the Secretary of State and shall continue perpetually. The existence of the Company shall continue regardless of the death, bankruptcy or dissolution of a Member, or the occurrence of any other event which terminates the continued membership of a Member.

ARTICLE IV. PURPOSE

The sole and specific purpose of the Company shall be as follows:

(a) To engage in every phase and aspect of the business of rendering to the public the same professional services that a duly licensed doctor of medicine under the laws of the State of Florida is authorized to render, but such professional services shall be rendered only through the Company's officers, employees and agents who are duly licensed or otherwise legally authorized under the laws of the State of Florida to practice medicine.

(b) To invest its funds in real estate, mortgages, stocks, bonds or any other type of investments and to own real and personal property necessary for the rendering of the above described professional services.

(c) In general, to have and exercise all powers conferred by the laws of the State of Florida upon professional service corporations and limited liability companies, and to do any and all things hereinabove set forth to the same extent as a natural person might or could do.

ARTICLE V. REGISTERED AGENT AND OFFICE

The Company designates 701 Brickell Avenue, Suite 3000, Miami, Florida 33131, as the street address of the initial registered office of the Company and names Intrastate Registered Agent Corporation as the Company's initial registered agent at that address to accept service of process within this state.

ARTICLE VI. ADDITIONAL MEMBERS

Additional Members may be admitted in the manner set forth in the Regulations of the Company.

ARTICLE VII. MANAGEMENT

The Company shall be conducted, carried on, and managed by no fewer than one (1) Manager, who shall be elected annually by the Members of the Company in the manner prescribed by and provided in the Regulations of the Company. Such Managers shall also have the responsibilities and duties prescribed by the Regulations of the Company. The names and addresses of the initial Managers are as follows:

Carlos E. Alosilla, M.D.
1820 Barrs Street (32204)
P.O. Box 2982
Jacksonville, Florida 32203

Ernest Phillips, M.D.
1820 Barrs Street (32204)
P.O. Box 2982
Jacksonville, Florida 32203

Willie W. Bell, M.D.
1820 Barrs Street (32204)
P.O. Box 2982
Jacksonville, Florida 32203

George S. Pilcher, M.D.
1820 Barrs Street (32204)
P.O. Box 2982
Jacksonville, Florida 32203

Joel W. Ferree, M.D.
1820 Barrs Street (32204)
P.O. Box 2982
Jacksonville, Florida 32203

J. Timothy Walsh, M.D.
1820 Barrs Street (32204)
P.O. Box 2982
Jacksonville, Florida 32203


Carlos A. Leon, M.D.
1820 Barrs Street (32204)
P.O. Box 2982
Jacksonville, Florida 32203

Such Managers shall serve in such capacity until the first annual meeting of the Members or until their successors are duly elected and qualified.

ARTICLE VIII. REGULATIONS

The power to adopt, alter, amend, or repeal the Regulations of the Company shall be vested in the Members of the Company.

IN WITNESS WHEREOF, the undersigned Member of the Company has hereunto set his hand and seal this 24th day of June, 1997.



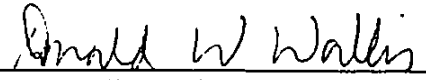
Carlos E. Alosilla, M.D.

ACCEPTANCE OF REGISTERED AGENT

I agree to act as registered agent for the Company named above, to accept service of process at the place designated in these Articles of Organization, and to comply with the provisions of Chapter 608, Florida Statutes, and acknowledge that I am familiar with, and accept, the obligations of such position.

INTRASTATE REGISTERED AGENT CORPORATION

Dated: June 13, 1997

By: 

Donald W. Wallis, Vice President

97 JUN 20 PM 3:00
P.H.H.D.
INTRASTATE REGISTERED AGENT CORPORATION

AFFIDAVIT


STATE OF FLORIDA

COUNTY OF DUVAL

The undersigned, being first duly sworn, deposes and says:

1. That he is a member of DIAGNOSTIC CARDIOLOGY ASSOCIATES, P.L., a Florida professional limited liability company (the "Company");
2. That the Company has at least two members;
3. That the members of the Company have contributed \$100 to the capital of the Company; and
4. That the members of the Company are expected to contribute no additional capital to the Company.

And further affiant sayeth not.



Carlos E. Alosilla, M.D.

The foregoing instrument was acknowledged before me this 12th day of June, 1997, by Carlos E. Alosilla, M.D., who is personally known to me and who did not take an oath.



Notary Public--State of Florida



PAMELA S PALMER
My Commission CC569296
Expires Oct 08, 2000

Print Notary Name: Pamela S. Palmer
My Commission Number is: CC 569296
My Commission Expires: 10/8/2000

1997 JUN 20 PM 3:00
STATE