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FLORIDA/FOREIGN LIMITED LIABILITY CO.

The CardioVascular Institute

Certificate of Status	0
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. The CardioVascular Institute, LLC
(Name of foreign limited liability company)

2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. ______
(FEI number, if applicable)

4. ______
(Date of Organization)

5. 2050
(Duration: Year limited liability company will cease to exist or "perpetual")

6. Upon qualification
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))

7. 483 N. Semoran Blvd, Suite 204
Winter Park, Florida 32792
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here [x]

9. The name and usual business addresses of the managing members or managers are as follows:

Robert Miner, Manager
483 N. Semoran Blvd Suite 204
Winter Park, Florida 32792

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: Management Services
All persons and entities are put on notice of the limitation on liabilities of a series as referenced in the Certificate of Formation on file with the Secretary of State for the State of Delaware and as set forth in 6 Del. C. 18-215

______
Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Robert Miner
Typed or printed name of signee

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. *The name of the Limited Liability Company is:*

The CardioVascular Institute, LLC

2. *The name and the Florida street address of the registered agent and office are:*

Robert Miller
(Name)

483 North Semoran Blvd, Suite 204
Florida street address (P.O. Box NOT acceptable)

Winter Park FL 32792
(City/State/Zip)

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 608, F.S.

(Signature)

$ 100.00	Filing Fee for Application
$ 35.00	Designation of Registered Agent
$ 30.00	*Certified Copy (optional)*
$ 5.00	Certificate of Status (optional)

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Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "THE CARDIOVASCULAR INSTITUTE, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF FEBRUARY, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID "THE CARDIOVASCULAR INSTITUTE, LLC" IS A SERIES LIMITED LIABILITY COMPANY.

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Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5406978

DATE: 02-05-07