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FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

Professional Business & Tax Services, Inc. 7899 BAYMEADOWS WAY, SUITE 6 JACKSONVILLE, FL 32256 PH: 904-733-1150 FAX: 904-730-4159

December 1, 2004

Department of State Division of Corporation 409 East Gaines Street Tallahassee, FL 32399

Dear Sir/ Madam:

Attached is the Articles of Incorporation for the organization named Northeast Florida Cardiology, P.A.

A check for \$ 78.75 is attached in payment of filing fees along with a preaddressed express mail envelope for returning the same.

Thank you for your attention.

Sincerely,

Sunil Sarkar



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

RECEIVED

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DEFĀRIMENT OF STATE MISSON OF CORPORATION MALLANASSER FLORIDA

December 7, 2004

PROFESSIONAL BUSINESS & TAX SERVICES, INC. ATTN: SUNIL SARKAR 7899 BAYMEADOWS WAY, SUITE 6 JACKSONVILLE, FL 32256

SUBJECT: NORTHEAST FLORIDA CARDIOLOGY, P.A.

Ref. Number: W04000044647

We have received your document for NORTHEAST FLORIDA CARDIOLOGY, P.A. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please clearly state the effective date you wish listed on your articles, we are not sure if you want Nov. 22 or another date.

An effective date <u>may</u> be added to the Articles of Incorporation <u>if a 2005 date is needed</u>, otherwise the date of receipt will be the file date. <u>A separate article must be added to the Articles of Incorporation for the effective date.</u>

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6965.

Dorine Martin Document Specialist New Filings Section

Letter Number: 304A00068454

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION

OF

04 DEC 14 PM 3: 25

NORTHEAST FLORIDA CARDIOLOGY, P.A.

• •

We the undersigned, hereby associate ourselves for the purpose of forming a Professional corporation under the laws of the State of Florida, by and under the provisions of the Statutes of the State of Florida, providing for the formulation, liability, rights and privileges and immunities for a professional corporation.

ARTICLE 1 - NAME

The name of the corporation shall be **NORTHEAST FLORIDA CARDIOLOGY**, **P.A.**

ARTICLE II - PRINCIPAL OFFICE

The principal office and mailing address of this corporation shall be situated at 1762 FIDDLERS RIDGE DRIVE, ORANGE PARK, FL 32003

ARTICLE III - CAPITAL STOCK

The total authorized capital stock of this corporation shall be 10,000 divided into a maximum of 10,000 shares, which shall of common stock of par value of \$1 each, fully paid and non assessable.

ARTICLE IV -INITIAL REGISTERED AGENT

The street address of this corporation's initial reregistered office will be at <a href="fldblers ridge-fldblers-ridge-fldbler

ARTICLE V - SPECIFIC PURPOSE

The purpose of this professional corporation is to provide healthcare services in the field of medicine.

ARTICLE VI - CAPITAL

The amount of capital with which the corporation shall commence business shall not be less than \$ 1,000.00.

ARTICLE VII- INCORPORATOR

The name and street address of the incorporator:

<u>NAME</u>

<u>ADDRESS</u>

ALFRED T. ROMERO

1762 FIDDLERS RIDGE DRIVE

ORANGE PARK

FL 32003

ARTICLE VIII - STOCK SUBSCRIBERS

The name and street address of subscriber of stock is:

NAME

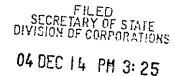
<u>ADDRESS</u>

ALFRED T. ROMERO, M. D.

1762 FIDDLERS RIDGE DRIVE ORANGE PARK, FL 32003

The undersigned incorporator has executed these Articles of Incorporation this 22nd of November 2004.

Signature of Stock Subscriber



CERTIFICATE DESIGNATING

REGISTERED AGENT / REGISTERED OFFICE

Pursuant to the provision of Section 607. 0501, Florida Statues, the undersigned Corporation, organized under the law of the State of Florida, submits the following statements in designating the registered office / registered agent, in the state of Florida.

- 1. The name of the Corporation is NORTHEAST FLORIDA CADIOLOGY, P.A.
- 2. The name of the registered agent and office address is:

ALFRED T.ROMERO, M.D 1762 FIDDLERS RIDGE DRIVE ORANGE PARK, FL 32003

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION 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 ACCEPT THE DUTIES AND OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE A./L/L

(Registered Agent)

DATE ///22/09