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| (Requestor's Name) |
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| |
| (Address) |
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| (Address) |
| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer: |
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Office Use Only



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SECRETARY OF STATE

5/5/2 46/5/20

COVER LETTER

 Department of State New Filing Section
 Division of Corporations
 P. O. Box 6327
 Tallahassee, FL 32314

| | hythm Care, Inc. (PROPOSED CORPORA | ATE NAME – <u>MUST INCL</u> | <u>ude suffix</u>) |
|----------------------|---|--|--|
| Enclosed are an orig | ipها and one (1) copy of the ar | ticles of incorporation and | a check for: |
| \$70.00 Filing Fee | \$78.75 Filing Fee & Certificate of Status | ✓ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | \$87.50 Filing Fee. Certified Copy & Certificate of Status PPY REQUIRED |
| | | | |
| EDOM. 180 | ran Akella M D | | |
| FROM: Jag | gan Akella, M.D. Nam | e (Printed or typed) | |
| | gan Akella, M.D. Nam O Riviera Dunes Way, Unit 1101 | ne (Printed or typed) | |
| | Narr | e (Printed or typed) Address | |
| 130 | Nam Riviera Dunes Way, Unit 1101 | | |
| 130 | Nam O Riviera Dunes Way, Unit 1101 metto, FL 34221 | | |
| 130 Pal | Nam O Riviera Dunes Way, Unit 1101 metto, FL 34221 | Address | |

NOTE: Please provide the original and one copy of the articles.

E-mail address: (to be used for future annual report notification)

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Heart Rhythm Care, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 6400 Manatee Ave West

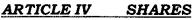
Suite A

Bradenton, FL 34209

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide quality medical services to the public.



The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Jagan Akella,

6400 Manatee Ave

President

Michelle Akella

6400 Manatee Ave W. STE A

ZOID MAY 12 A 11:41

ALLAFIASSE OF STATE

Vice President

Bradenton, FL 34209

M.D., W. STE A
Bradenton, FL 34209

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Jagan Akella, M.D.

130 Riviera Dunes Way

Unit 1101

Palmetto, FL 34221

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Jagan Akella, M.D.

130 Riviera Dunes Way

Unit 1101

Palmetto, FL 34221

Having been named as registered agent to accept service of process for the above stated corporation at place designated in this certificate, I am familiar with and accept the appointment as registered agent agree to act in this capacity

Signature/Registered Agent

May 2, 2010

Date

May 2, 2010

Date

Signature/Incorporator

+