

LO 8000076105

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

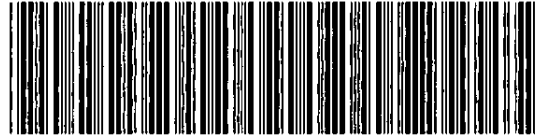
Special Instructions to Filing Officer:

A. LUNT

SEP - 8 2008

EXAMINER

Office Use Only



500135325235

09/05/08--01032--002 **55.00

2008 SEP - 5 P 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COASTAL VASCULAR AND INTERVENTIONAL, L.L.C.

(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mark A. Bednar

(Name of Person)

Mark A. Bednar, P.A.

(Firm/Company)

P.O. Drawer 13146

(Address)

Pensacola, Florida 32591

(City/State and Zip Code)

For further information concerning this matter, please call:

Mark A. Bednar

(Name of Person)

at (850)

435-1025
(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$30 Filing Fee &
Certificate of Status

\$55 Filing Fee &
Certified Copy

\$60 Filing Fee,
Certificate of Status &
Certified Copy

FILED
2009 SEP -5 P 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted **within the required 30 business days** to correct the **attached** articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is:
COASTAL VASCULAR AND INTERVENTIONAL, L.L.C.

SECOND: The articles of organization or the application to transact business

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

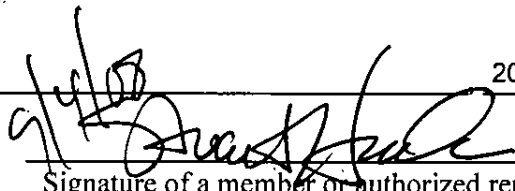
Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:
TWO OF THE MANAGERS LISTED IN ARTICLES IV, CHRISTOPHER J. LECROY AND T. ROLAND
REEVES ARE NOT MANAGERS OF THE L.L.C. THEIR NAMES SHOULD BE DELETED FROM
THE LIST AND THE L.L.C. WILL BE MANAGED BY THE REMAINING FIVE MEMBERS LISTED
IN ARTICLE IV.

OR

Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

2008 SEP - 5 3:06
SECRETARY OF STATE
ALLAHASSEE, FLORIDA
FILED

Dated: 9/4/08 2008


Signature of a member or authorized representative of a member

STUART A. HARLIN
Typed or printed name of signee

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

**ARTICLES OF ORGANIZATION
OF
COASTAL VASCULAR AND INTERVENTIONAL, L.L.C.**

ARTICLE I - NAME

The name of the limited liability company is Coastal Vascular and Interventional, L.L.C., ("company").

ARTICLE II - ADDRESS

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

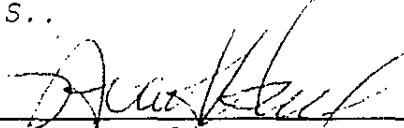
<u>Principal Office Address:</u>	<u>Mailing Address:</u>
5147 North Ninth Avenue	5147 North Ninth Avenue
Suite 318	Suite 318
Pensacola, Florida 32504	Pensacola, Florida 32504

**ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

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

Stuart A. Harlin
5147 North Ninth Avenue, Suite 318
Pensacola, Florida 32504

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..



Stuart A. Harlin

ARTICLE IV - MANAGERS OR MANAGING MEMBERS

The Limited Liability Company is to be a manager-managed company. In accordance with the regulations of the company, the name and address of each Manager is as follows:

FILED
08 AUG - 7 AM 8:38
PENSACOLA, FLORIDA

<u>Title:</u>	<u>Name and Address:</u>
MGR	Stuart A. Harlin 5147 North Ninth Avenue Suite 318 Pensacola, Florida 32504
MGR	Christopher J. Bosarge 5147 North Ninth Avenue Suite 318 Pensacola, Florida 32504
MGR	Aaron B. Montgomery 5147 North Ninth Avenue Suite 318 Pensacola, Florida 32504
MGR	Harry R. Cramer 5147 North Ninth Avenue Suite 318 Pensacola, Florida 32504
MGR	Christopher J. Lecroy 5147 North Ninth Avenue Suite 318 Pensacola, Florida 32504
MGR	T. Roland Reeves 5147 North Ninth Avenue Suite 318 Pensacola, Florida 32504
MGR	John A. Tucker 5147 North Ninth Avenue Suite 318 Pensacola, Florida 32504

The regulations may contain any provisions for the regulation and management of the affairs of the Company not inconsistent with law or these Articles of Organization.

FILED
TALLAHASSEE, FLORIDA

08 AUG -7 AM 9:38

FILED

REQUIRED SIGNATURE:

Stuart A. Harlin

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Stuart A. Harlin

Typed or printed name of signee

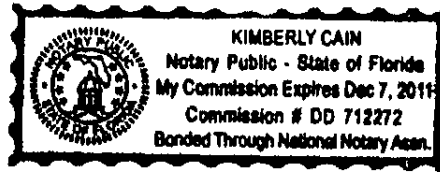
STATE OF FLORIDA
COUNTY OF ESCAMBIA

Sworn to and subscribed before me this 5 day of August,
2008 by Stuart A. Harlin, personally known to me or who provided
Florida Driver's license as identification.

Kimberly Cain

Notary Public

[Seal]



08 AUG -7 AM 8:38
FALL HAVEN, FLORIDA