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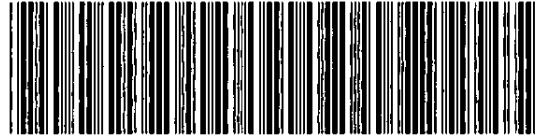
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**A. LUNT**

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TALLAHASSEE, FLORIDA

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**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

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 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)**

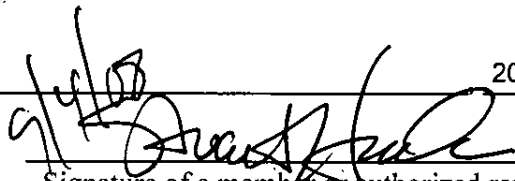
Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:  
TWO OF THE MANAGERS LISTED IN ARTICLES IV, CHRISTOPHER J. LECROY AND T. ROLAND  
REEVES ARE NOT MANAGERS OF THE L.L.C. THEIR NAMES SHOULD BE DELETED FROM  
THE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

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SECRETARY OF STATE  
ALLAHUSSEIN LONDON  
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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:

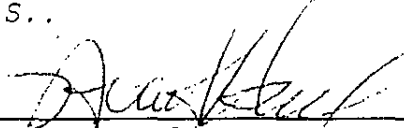
<u>Principal Office Address:</u>	<u>Mailing Address:</u>
5147 North Ninth Avenue	5147 North Ninth Avenue
Suite 318	Suite 318
Pensacola, Florida 32504	Pensacola, Florida 32504

**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:

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08 AUG - 7 AM 8:38  
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<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.

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 TALLAHASSEE FLORIDA

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

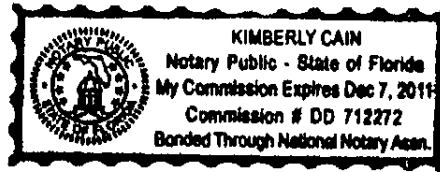
Typed or printed name of signee

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]



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FALL HAVEN, FLORIDA