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(Address)

(Address)

(City/State/Zip/Phone #)

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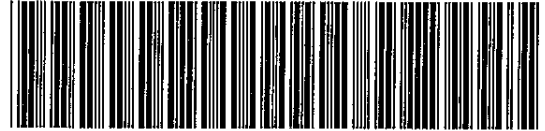
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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

J. BRUNN FEB 11 2005

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Orlando Cardiovascular Center, LLLP  
(Name of Limited Partnership)

The enclosed Supplemental Affidavit and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Pat Wright  
(Name of Person)

Orlando Cardiovascular Center  
(Firm/Company)

1405 S Orange Ave # 120  
(Address)

Orlando, FL 32806  
(City/State and Zip Code)

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Pat Wright  
(Name of Person)

at (407) 425-6226  
(Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A  
FLORIDA LIMITED PARTNERSHIP**

The undersigned general partners of

Orlando Cardiovascular Center, LLLP, a  
Florida Limited Partnership, executed this supplemental affidavit filed pursuant to section 620.112,  
Florida Statutes.

The total amount of the capital contributions of the limited partners is: \$ 832,500.00

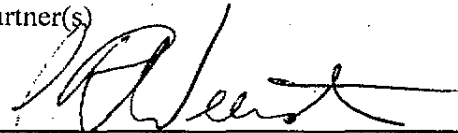
This 5<sup>th</sup> day of January, 2005.

**FURTHER AFFIANT SAYETH NOT.**

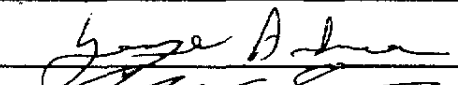
*Under penalties of perjury, I declare that I have read the foregoing and that the facts are true, to the best of my knowledge and belief.*

General Partner(s)

Irwin Weinstein, President



George Andraea, VP-Secretary



Mark Steiner, VP-Secretary



<p><b>Fees:</b> \$7 per \$1000, based on additional contributions Minimum \$ 52.50 Maximum \$1750.00</p>
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TALLAHASSEE, FLORIDA

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314