

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L01000001420

**FILED**  
**Oct 25, 2005**  
**Secretary of State**

**Entity Name:** CARDIAC SUPPORT SPECIALTIES, LLC

**Current Principal Place of Business:**

108 CAMELOT CIRCLE  
PANAMA CITY, FL 32405

**New Principal Place of Business:**

303 SE 17TH STREET  
#309.228  
OCALA, FL 34471

**Current Mailing Address:**

108 CAMELOT CIRCLE  
PANAMA CITY, FL 32405

**New Mailing Address:**

303 SE 17TH STREET  
#309.228  
OCALA, FL 34471

**FEI Number:** 36-4419734      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

FULLET, CHARLES R  
108 CAMELOT CIRCLE  
PANAMA CITY, FL 32405      US

**Name and Address of New Registered Agent:**

REED, CHARLES W  
2158 SE LAUREL RUN DRIVE  
OCALA, FL 34471      US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: C. WILLIAM REED

10/25/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: FULLER, CHARLES  
Address: 108 CAMELOT CIRCLE  
City-St-Zip: PANAMA CITY, FL 32405

Title: MGR      (X) Delete  
Name: REED, WILLIAM C  
Address: 2551 CHEVAL DRIVE  
City-St-Zip: DAVIDSONVILLE, MD 21035

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change ( ) Addition  
Name: REED, CHARLES W  
Address: 2158 SE LAUREL RUN DR  
City-St-Zip: OCALA, FL 34471

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: C. WILLIAM REED

MGR

10/25/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date