2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 01, 2005
Secretary of State

DOCUMENT# L01000010739

Entity Name: CARDIOVISION, LLC

Current Principal Place of Business:

6642 WEST ATLANTIC AVE.
DELRAY BEACH, FL 33446 US

New Principal Place of Business:

6238 WEST ATLANTIC AVE.
DELRAY BEACH, FL 33446 US

Current Mailing Address:

6642 WEST ATLANTIC AVE.
DELRAY BEACH, FL 33446 US

New Mailing Address:

6238 WEST ATLANTIC AVE.
DELRAY BEACH, FL 33446 US

FEI Number: 20-0279863 **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:

O'BRIEN, MARYKATE
6642 WEST ATLANTIC AVE.
DELRAY BEACH, FL 33446 US

Name and Address of New Registered Agent:

O'BRIEN, MARYKATE
6238 WEST ATLANTIC AVE
DELRAY BEACH, FL 33446 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: MARYKATE O'BRIEN 07/01/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: CHAPLIK, ALEXANDER M
Address: 6642 W. ATLANTIC AVE.
City-St-Zip: DELRAY BEACH, FL 33446

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: CHAPLIK, ALEXANDER M
Address: 6238 W. ATLANTIC AVE.
City-St-Zip: DELRAY BEACH, FL 33446

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: ALEXANDER CHAPLIK MGR 07/01/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date