8-08-1995 11:57AM FROM

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 12, 2002 8:00 am
Secretary of State
06-12-2002 90095 006 ****50.00

DOCUMENT # L01000021256

1. Entity Name

INTERVENTIONAL CARDIOVASCULAR ASSOCIATES, L.L.C

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
615 E. Princeton St	730 W. Colonial Dr
Suite, Apt. #, etc. 104	Suite, Apt. #, etc.
City & State Orlando Fl	City & State Orlando Fl
Zip 32803 Country USA	Zip 32804 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number applied ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Ashish Pal

Street Address (P.O. Box Number is Not Acceptable): 615 E. Princeton St. #104

City: Orlando FL Zip Code: 32804

8. 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 [signature] DATE

Signature, typed or printed name of registered agent and title if applicable

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	member	TITLE	
NAME	Ashish Pal	NAME	
STREET ADDRESS	615 E. Princeton St, #104	STREET ADDRESS	
CITY-ST-ZIP	Orlando Fl 32803	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E083B (12/01)

11. I hereby certify that the information supplied with this filing does not qualify 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 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: [signature] 6/10/02