

DOCUMENT# L02000034576

Entity Name: FLORIDA CARDIOVASCULAR TECHNOLOGIES, LLC

New Principal Place of Business:

New Mailing Address:

Certificate of Status Desired ()

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date _____

Title: MGRM
Name: KIN, NILES A
Address: 14560 GRANDE CAY CIRCLE #2310
City-St-Zip: FT MYERS, FL 33908

Title: MAN
Name: KIN, JEAN B
Address: 14560 GRANDE CAY CIRCLE #2310
City-St-Zip: FT MYERS, FL 33908

I hereby 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: NILES A KIN

MGRM

01/04/2011

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