2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 28, 2004
Secretary of State

DOCUMENT# L03000016228

Entity Name: ADVANCED HEART CARE, L.L.C.

Current Principal Place of Business:

6100 WINKLER RD., SUITE D
FT. MYERS, FL 33919

New Principal Place of Business:

14051 METROPOLIS AVENUE
FT. MYERS, FL 33912

Current Mailing Address:

6100 WINKLER RD., SUITE D
FT. MYERS, FL 33919

New Mailing Address:

14051 METROPOLIS AVENUE
FT. MYERS, FL 33912

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:

MITAR, GEORGE J III, ES
1533 HENDRY STREET
SUITE 100
FT. MYERS, FL 33901 US

Name and Address of New Registered Agent:

MITAR, GEORGE J III
7880 LAKESAWGRASS LOOP
5213
FT. MYERS, FL 33907 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: GEORGE J MITAR III 10/28/2004
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: ARCEMENT, BRIAN K
Address: FT. MYERS, 6100 WINKLER RD, SUITE D
City-St-Zip: FT. MYERS, FL 33919

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: ARCEMENT, BRIAN K
Address: 14051 METROPOLIS AVENUE
City-St-Zip: FT. MYERS, FL 33912

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: BRIAN K ARCEMENT MGR 10/28/2004
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date