# 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**
**Dec 20, 2004**
**Secretary of State**

DOCUMENT# L03000039385

**Entity Name:** ORION CARDIOVASCULAR III, P.L.

**Current Principal Place of Business:**

C/O ANTHONY LEWIS, M.D.
2401 FIRST STREET, SUITE 4
FORT PIERCE, FL 34950

**New Principal Place of Business:**

**Current Mailing Address:**

C/O ANTHONY LEWIS, M.D.
2401 FIRST STREET, SUITE 4
FORT PIERCE, FL 34950

**New Mailing Address:**

**FEI Number: 02-0703627** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

HENDERSON, STEVE L
817 BEACHLAND BLVD.
VERO BEACH, FL 32963 US

**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

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete
Name: LEWIS, ANTHONY M.D.
Address: 2401 FIRST STREET, SUITE 4
City-St-Zip: FORT PIERCE, FL 34950

**ADDITIONS/CHANGES:**

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: ANTHONY B LEWIS MGR 12/20/2004

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