2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 03, 2005
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 ( )**
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:

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: STEVE L. HENDERSON

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

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: ANTHONEY LEWIS M.D. MGR 10/03/2005

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