

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000039385

**FILED**  
**Apr 28, 2006**  
**Secretary of State**

**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:**

LEWIS, ANTHONY B  
2401 FRIST BLVD STE 4  
FT. PIERCE, FL 34950 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: ANTHONY B LEWIS

04/28/2006

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 Chapter 119, 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

DIR

04/28/2006

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