

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000039385

FILED
Jul 13, 2009
Secretary of State

Entity Name: ORION CARDIOVASCULAR III, P.L.

Current Principal Place of Business:

1803 S 25TH ST.
SUITE 1ST
FORT PIERCE, FL 34947

New Principal Place of Business:

1803 S 25TH ST.
SUITE 1
FORT PIERCE, FL 34947

Current Mailing Address:

1803 S 25TH ST.
SUITE 1ST
FORT PIERCE, FL 34947

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:

LEWIS, ANTHONY B
1803 S 25TH STREET
SUITE 1
FT. PIERCE, FL 34947 US

Name and Address of New Registered Agent:

LEWIS, ANTHONY B
1803 S 25TH STREET
SUITE 1ST
FT. PIERCE, FL 34947 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:

07/13/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LEWIS, ANTHONY M.D.
Address: 1803 S 25TH STREET, SUITE 1
City-St-Zip: FORT PIERCE, FL 34947

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 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

MGR

07/13/2009

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