2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000013653

Entity Name: FLORIDA HEART SPECIALISTS, LLC

FILED Oct 03, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

350 NW 84TH AVENUE 603 N FLAMINGO ROAD

SUITE 211 SUITE 150

PLANTATION, FL 33324 US PEMBROKE PINES, FL 33028 US

Current Mailing Address: New Mailing Address:

350 NW 84TH AVENUE 603 N FLAMINGO ROAD

SUITE 211 SUITE 150

PLANTATION, FL 33324 US PEMBROKE PINES, FL 33028 US

FEI Number: 84-1638491 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

TARAR, FATIMA
502 EAST PROSPECT ROAD
603 N FLAMINGO ROAD

FORT LAUDERDALE, FL 33334 US SUITE 150 PEMBROKE PINES, FL 33028 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: FATIMA TARAR 10/03/2005

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

Name:HASAN, MIAN A DR.Name:HASAN, MIAN A DR.Address:502 EAST PROSPECT ROADAddress:603 N FLAMINGO ROAD, SUITE 150City-St-Zip:FORT LAUDERDALE, FL 33334City-St-Zip:PEMBROKE PINES, FL 33028

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: MIAN A HASAN MD 10/03/2005