2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Sep 21, 2007
Secretary of State

DOCUMENT# L04000035029

Entity Name: NAPLES INTERVENTIONAL CARDIAC ELECTROPHYSIOLOGY, L.L.C.

Current Principal Place of Business:

311 TAMIAMI TRAIL NORTH
SUITE 201
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

311 TAMIAMI TRAIL NORTH
SUITE 201
NAPLES, FL 34102

New Mailing Address:

FEI Number: 20-1095753 **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:

PLUNKITT, KENNETH
562 WHISPERING PINE LANE
NAPLES, FL 34103 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: KENNETH PLUNKITT

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	NAPLES ELECTROPHYSIO, LOGY CONSULTAN T S, P.A.	
Address:	562 WHISPERING PINE LANE	
City-St-Zip:	NAPLES, FL 34103	
Title:	MGRM	( ) Delete
Name:	A. SINAN GURSOY, M.D, ., P.A.	
Address:	405 SEAGROVE LANE #202	
City-St-Zip:	NAPLES, FL 34110	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: A. SINAN GURSOY, M.D., P.A. MRGM 09/21/2007

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