2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000082339

Current Principal Place of Business:

Entity Name: CARDIOVASCULAR INSIGHTS, LLC

FILED Aug 10, 2006 Secretary of State

943 S.E. 5TH STREET OCALA, FL 34471	1511 SW FIRST AVE OCALA, FL 34478	
Current Mailing Address:	New Mailing Address:	
943 S.E. 5TH STREET OCALA, FL 34471	1511 SW FIRST AVE OCALA, FL 34478	
FEI Number: 01-0823651 FEI Number Applied For (In accordance with s. 607.193(2)(b), F.S., the limited liabil Name and Address of Current Registered Age	ity company did not receive the prior notice.	
CORTES, JOSE H JR 4 S.E. BROADWAY OCALA, FL 34471 US		
The above named entity submits this statement for in the State of Florida.	r the purpose of changing its registered office or registered agent, or bo	th
SIGNATURE:		
Electronic Signature of Registere	ed Agent Date	

MANAGING MEMBERS/MANAGERS:

MGR () Delete

CARMICHAEL, MICHAEL J Name: Address: 1511 SW 1ST AVE City-St-Zip: OCALA, FL 34474

Title: MGR () Delete KUYKENDALL, CRAIG R Name: Address: 943 SE 5TH STREET City-St-Zip: OCALA, FL 34479

Title: MGR () Delete STOCKMAN, FRANCES T Name:

1511 SW 1ST AVE Address: City-St-Zip: OCALA, FL 34474

ADDITIONS/CHANGES:

Title: () Change () Addition

New Principal Place of Business:

Name: Address: City-St-Zip:

> Title: () Change () Addition Name:

> Address: City-St-Zip: Title: MGR (X) Change () Addition

REED, CHARLES W Name: 1511 SW 1ST AVE Address: OCALA, FL 34474 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: CHARLES REED 08/10/2006