

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000082339

FILED
Apr 17, 2007
Secretary of State

Entity Name: CARDIOVASCULAR INSIGHTS, LLC

Current Principal Place of Business:

1511 SW FIRST AVE
OCALA, FL 34478

New Principal Place of Business:

Current Mailing Address:

1511 SW FIRST AVE
OCALA, FL 34478

New Mailing Address:

FEI Number: 01-0823651

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORTES, JOSE H JR
4 S.E. BROADWAY
OCALA, FL 34471 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CARMICHAEL, MICHAEL J
Address: 1511 SW 1ST AVE
City-St-Zip: OCALA, FL 34474

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

Title: MGR () Delete
Name: REED, CHARLES W
Address: 1511 SW 1ST AVE
City-St-Zip: OCALA, FL 34474

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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

MGR

04/17/2007

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