


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 05, 2008 8:00 am**  
**Secretary of State**

03-05-2008 90209 009 \*\*\*143.75

<b>DOCUMENT # L04000082339</b>		
1. Entity Name CARDIOVASCULAR INSIGHTS, LLC		

Principal Place of Business 1511 SW FIRST AVE OCALA, FL 34478	Mailing Address 1511 SW FIRST AVE OCALA, FL 34478
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2. Principal Place of Business - No P.O. Box # <i>109 SE First Ave.</i>	3. Mailing Address <i>109 SE First Ave</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country



02292008 Chg-LLC CR2E083 (12/06)

4. FEI Number 01-0823651	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  CORTES, JOSE H JR 4 S.E. BROADWAY OCALA, FL 34471		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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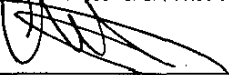
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARMICHAEL, MICHAEL J 1511 SW 1ST AVE OCALA, FL 34474 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KUYKENDALL, CRAIG R 943 SE 5TH STREET OCALA, FL 34479 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REED, CHARLES W 1511 SW 1ST AVE OCALA, FL 34474 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>109 SE 1<sup>st</sup> Ave</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: 	3/3/08 352-867-8899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #