

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000088660

FILED
Oct 05, 2005
Secretary of State

Entity Name: CENTRE FOR ANGIOGRAPHY, LLC

Current Principal Place of Business:

3050 BEE RIDGE RD
A
SARASOTA, FL 34239

New Principal Place of Business:

Current Mailing Address:

3050 BEE RIDGE RD
A
SARASOTA, FL 34239

New Mailing Address:

FEI Number: 02-0734264

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SUSANNE, MYERS
2540 S TAMiami TRAIL
SARASOTA, FL 34239 US

Name and Address of New Registered Agent:

LORI, SACK
3050 BEE RIDGE ROAD
SUITE B
SARASOTA, FL 34239 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: LCSACK

10/05/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MYERS, GENE
Address: 3050 BEE RIDGE RD, SUITE A
City-St-Zip: SARASOTA, FL 34239

Title: MGRM () Delete
Name: SACK, JEFFREY
Address: 3050 BEE RIDGE RD, SUITE A
City-St-Zip: SARASOTA, FL 34239

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 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: JBSACK

MGRM

10/05/2005

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