2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 05, 2006
Secretary of State

DOCUMENT# L05000043009

Entity Name: CARDIOLOGY CARE CENTER, P.L.

Current Principal Place of Business:

515 WEST STATE ROAD 434, SUITE 301
LONGWOOD, FL 32750

New Principal Place of Business:

1355 S. INTERNATIONAL PKWY
SUITE 1481
LAKE MARY, FL 32746 US

Current Mailing Address:

515 WEST STATE ROAD 434, SUITE 301
LONGWOOD, FL 32750

New Mailing Address:

1355 S. INTERNATIONAL PKWY
SUITE 1481
LAKE MARY, FL 32746 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:

SWANN & HADLEY, P.A.
1031 W. MORSE BLVD., SUITE 350
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

BITAR, JAY B M.D.
1355 S. INTERNATIONAL PKWY
SUITE 1481
LAKE MARY, FL 32746 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: JAY.B.BITAR, M.D. 10/05/2006

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: JACOB K. AGAMASU, M., D., P.A.
Address: 515 WEST STATE ROAD 434, SUITE 301
City-St-Zip: LONGWOOD, FL 32750

Title: MGRM ( ) Delete
Name: JAY B. BITAR, M.D.,, P.A.
Address: 515 WEST STATE ROAD 434, SUITE 301
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: JACOB K. AGAMASU, M., D., P.A.
Address: 1355 S. INTERNATIONAL PKWY.#1481
City-St-Zip: LAKE MARY, FL 32746 US

Title: MGRM (X) Change ( ) Addition
Name: JAY B. BITAR, M.D.,, P.A.
Address: 1355 S. INTERNATIONAL PKWY #1481
City-St-Zip: LAKE MARY, FL 32746 US

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: JACOB K. AGAMASU, M.D. MGRM 10/05/2006

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