2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2006
Secretary of State

DOCUMENT# L05000099952

Entity Name: CFK CARDIAC TECHNOLOGIES, LLC

Current Principal Place of Business:

9335 SW 35TH LANE
GAINESVILLE, FL 32608

New Principal Place of Business:

1600 SW ARCHER RD
SUITE NG-28 SHANDS HOSPITAL
GAINESVILLE, FL 32610

Current Mailing Address:

9335 SW 35TH LANE
GAINESVILLE, FL 32608

New Mailing Address:

FEI Number: 42-1682553 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CLARK, DALE
9335 SW 35TH LANE
GAINESVILLE, FL 32608 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:	CLARK, DALE	
Address:	9335 SW 35TH LANE	
City-St-Zip:	GAINESVILLE, FL 32608	
Title:	MGRM	( ) Delete
Name:	FORTHOFER, MATT	
Address:	822 SW 85TH WAY	
City-St-Zip:	GAINESVILLE, FL 32607	
Title:	MGRM	( ) Delete
Name:	KLODELL, CHARLES	
Address:	9618 SW 34TH LANE	
City-St-Zip:	GAINESVILLE, FL 32608	

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: DALE CLARK MGR 04/21/2006

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