2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State
04-30-2008 90029 011 ***138.75

DOCUMENT # L07000050994

1. Entity Name
CARDIOVASCULAR SOLUTIONS, LLC

Principal Place of Business	Mailing Address
1960 WESTHILL RUN WINDERMERE, FL 34786	1960 WESTHILL RUN WINDERMERE, FL 34786

60034340

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
7806 LAKE UNDERHILL RD.		8142 LAKE SERENE	
Suite, Apt. #, etc. 104 Suite		Suite, Apt. #, etc. DRIVE	
City & State ORLANDO, FL		City & State ORLANDO, FL	
Zip 32822	Country USA	Zip 32836	Country USA

04182008 Chg-LLC CR2E083 (12/06)

4. FEI Number 26-0170867 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALI, SYED I 1960 WESTHILL RUN WINDERMERE, FL 34786	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make Check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALI, SYED I 1960 WESTHILL RUN WINDERMERE, FL 34786	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGMR SYED I. ALI 8142 LAKE SERENE DRIVE ORLANDO, FL 32836	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: X [signature] 4/22/08 407 249-3005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #