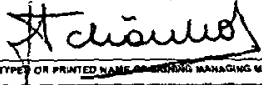


FILED
Apr 02, 2008 8:00 am
Secretary of State

01-22-2008 90117 013 ***138.75

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L07000091101			
1. Entity Name ENDOASCULAR ADVICE, LLC			
Principal Place of Business 231 ALTARA AVENUE CORAL GABLES, FL 33146 US		Mailing Address 231 ALTARA AVENUE CORAL GABLES, FL 33146 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Name and Address of Current Registered Agent DE TORO, MIRIAM 231 ALTARA AVENUE CORAL GABLES, FL 33146		7. Name and Address of New Registered Agent 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 date if applicable. (NOTE: Registered Agent signature required when renewing)			
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	MGR SCHONHOLZ, CLAUDIO J 1453 COTTON BOUNTY COURT MOUNT PLEASANT, SC 29466 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1696 Canyon Oaks Drive Mount Pleasant, SC 29464 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHONHOLZ, LAURA 1453 COTTON BOUNTY COURT MOUNT PLEASANT, SC 29466 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1696 Canyon Oaks Drive Mount Pleasant, SC 29464 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: 		1-15-08 8432708465	
SIGNATURE AND TYPE OR PRINTED NAME OF CURRENT MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

30003111



01102008 Chg-LLC CR2E083 (12/06)

4. FEI Number 26-0844444 ☐ Applied For ☐ Not Applicable

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