

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000117251

**FILED**  
**Apr 13, 2012**  
**Secretary of State**

**Entity Name:** CARDIOVASCULAR SOLUTIONS GROUP, LLC

**Current Principal Place of Business:**

1135 OAKDALE STREET  
WINDERMERE, FL 34786 US

**New Principal Place of Business:**

**Current Mailing Address:**

1135 OAKDALE STREET  
WINDERMERE, FL 34786 US

**New Mailing Address:**

**FEI Number:** 27-3942869

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD.  
A  
TAMPA, FL 33688 US

**Name and Address of New Registered Agent:**

GEBBEN, BRAD  
1135 OAKDALE STREET  
WINDERMERE, FL 34786 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: BRAD GEBBEN

04/13/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: GEBBEN, BRAD  
Address: 1135 OAKDALE STREET  
City-St-Zip: WINDERMERE, FL 34786 US

I hereby 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: BRAD GEBBEN

MGR

04/13/2012

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