

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L98000002531

FILED  
Jun 04, 2007  
Secretary of State

Entity Name: FLORIDA CARDIOVASCULAR RESEARCH, L.C.

**Current Principal Place of Business:**

ROTHMAN CENTER, FOURTH FLOOR  
5301 SOUTH CONGRESS AVENUE  
ATLANTIS, FL 33462

**New Principal Place of Business:**

**Current Mailing Address:**

ROTHMAN CENTER, FOURTH FLOOR  
5301 SOUTH CONGRESS AVENUE  
ATLANTIS, FL 33462

**New Mailing Address:**

FEI Number: 65-0870419

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KIEVAL, JOSHUA  
ROTHMAN CENTER, FOURTH FLOOR  
5301 SOUTH CONGRESS AVENUE  
ATLANTIS, FL 33462 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: JOSHUA KIEVAL

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ANGELLA, FARAHNAZ  
Address: 6517 NORTHWEST 3RD AVENUE  
City-St-Zip: BOCA RATON, FL 33496

Title: MGRM ( ) Delete  
Name: BORZAK, STEVEN  
Address: 7233 SAN SEBASTIAN DRIVE  
City-St-Zip: BOCA RATON, FL 33433

Title: MGRM ( ) Delete  
Name: COHEN, TERRANCE  
Address: 133 TURNBERRY DRIVE  
City-St-Zip: LAKE WORTH, FL 33462

Title: MGRM ( ) Delete  
Name: CHAIT, ROBERT  
Address: 2413 EMBASSY DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGRM ( ) Delete  
Name: DEAC, DAN  
Address: 9669 SPRAY DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33411

Title: MGRM ( ) Delete  
Name: DADI, SHAUL  
Address: 6735 ROUAL ORCHID CIRCLE  
City-St-Zip: DELRAY BEACH, FL 33483

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ANGELLA, FARAHNA  
Address: 6517 NORTHWEST 3RD AVENUE  
City-St-Zip: BOCA RATON, FL 33496

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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: FARAHNA ANGELLA

MGRM

06/04/2007

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