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ANNIS, MITCHELL, COCKEY, EDWARDS & ROEHN, P.A.

ATTORNEYS AT LAW

ONE UNIVERSITY PARK, SUITE 600  
12800 UNIVERSITY DRIVE  
P.O. BOX 60259 (ZIP 33906)  
FT. MYERS, FLORIDA 33907  
TELEPHONE: (941) 489-1776  
FACSIMILE: (941) 489-2444

ONE TAMPA CITY CENTER  
SUITE 2100  
P.O. BOX 3433 (ZIP 33601)  
TAMPA, FLORIDA 33602  
TELEPHONE: (813) 229-3321  
FACSIMILE: (813) 223-9067

PELICAN BAY FINANCIAL CENTER  
SUITE 600  
8889 PELICAN BAY BOULEVARD  
NAPLES, FLORIDA 34108  
TELEPHONE: (941) 597-7088  
FACSIMILE: (941) 597-6984

201 SOUTH MONROE STREET  
SUITE 200  
TALLAHASSEE, FLORIDA 32301  
TELEPHONE: (850) 224-7668  
FACSIMILE: (850) 224-7290

PLEASE REPLY TO:  
TAMPA

Gweve@annislaw.com  
October 27, 1999

AVAILABLE FOR CONSULTATION

KARGEL, VOLLHARDT & PARTNER  
KURFÜRSTENDAMM 36  
D-10719 BERLIN, GERMANY  
011-49-30-885-7710  
FAX: 011-49-30-8811-1308

**CERTIFIED MAIL - RETURN RECEIPT REQUESTED**

Florida Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

200003037152--8  
-11/05/99-01102--001  
\*\*\*\*\*25.00 \*\*\*\*\*25.00

Attn: Amendments Section

Re: The Heart & Vascular Institute, L.L.C.  
Our File No. 1298-002

MJH

Dear Madam or Sir:

Enclosed are the original and one copy of the *Statement of Change of Registered Office or Registered Agent, or Both, for Corporations*, for the above referenced Florida limited liability company, along with our firm's check in the amount of \$25.00 in payment of the filing fee.

Please file the Statement of Change and place your "Filed" stamp on the enclosed copy. Please return the evidence to us by mail in the return envelope provided.

If you have any questions, please let me know. Thank you for your assistance.

Sincerely,

Georgina W. Wever

Georgina W. Wever  
Legal Assistant

Enclosures  
1298-002-684862

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 NOV -5 PM 4:48

FLORIDA DEPARTMENT OF STATE, KATHERINE HARRIS, SECRETARY OF STATE

STATEMENT OF CHANGE OF REGISTERED OFFICE OR  
REGISTERED AGENT, OR BOTH, FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of Sections 608.416 or 608.508, *Florida Statutes*, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida:

1. The name of the corporation is: **THE HEART & VASCULAR INSTITUTE OF FLORIDA, L.L.C.**
2. The mailing address of the corporation is: 201 North Franklin Street, Suite 2100, Tampa, Florida 33602
3. Date of filing/registration in Florida: 8/5/99 Document number: L99000004808
4. The name and address of the current registered agent and office:

Joseph W. N. Rugg, Esq.  
201 North Franklin Street, Suite 2100  
Tampa, Florida 33602

5. The name and address of the new registered agent and office: (P.O. Box NOT Acceptable)

Kerry J. Kaplan, M.D.  
603 7<sup>th</sup> Street, Suite 400  
St. Petersburg, Florida 33707

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DIVISION OF CORPORATIONS  
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If the limited liability is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. It is hereby confirmed that the change was authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Joseph W. N. Rugg  
(Signature of a member or authorized representative of a member)

Joseph W. N. Rugg  
(Printed or typed name of signee)

11/2/99

(Date)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Kerry Kaplan  
(Signature of Registered Agent)

11/2/99

(Date)

If signing on behalf of an entity:

KERRY KAPLAN  
(Printed or Typed Name)

Registered Agent  
(Capacity)

\*\*\*FILING FEE: \$25.00\*\*\*