

**MD9000000940**

Florida Department of State  
Division of Corporations  
Public Access System

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## Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : TRIAD PROFESSIONAL SERVICES LLC COA  
Account Number : I20080000085  
Phone : (770) 777-2091  
Fax Number : (770) 220-1943

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**RECEIVED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**REGISTERED AGENT CHANGE****CARDIOSOM OF ORLANDO ACQUISITION, LLC**

Certificate of Status	0
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Page Count	01
Estimated Charge	\$35.00

**D. BRUCE**

SEP 22 2009

**EXAMINER**

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**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 limited liability company is: CARDIOSOM OF ORLANDO ACQUISITION, LLC
2. The mailing address of the limited liability company is : \_\_\_\_\_  
815 WEST CAMEL DRIVE, SUITE 100, CARMEL IN 46032

- 03/09/2009 M09000000940  
 3. Date of filing/registration in Florida 4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

C T CORPORATION SYSTEM  
 Name  
1200 SOUTH PINE ISLAND ROAD  
 Address  
PLANTATION FL 33324 US  
 City, State and Zip

6. The name and address of the new registered agent and/or office:

NRAI Services, Inc.  
 Name  
2731 Executive Park Drive, Suite 4  
 Florida street address (P.O. Box NOT acceptable)  
Weston FL 33331  
 City, State and Zip

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 TALLAHASSEE, FLORIDA


If the limited liability company 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. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were 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.

/s/Timothy Miller

(Signature of a member or authorized representative of a member)

Timothy Miller  
 (Printed or typed name of signee)

*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.*  
 NRAI Services, Inc.

  
 (Signature of Registered Agent)  
 Jennifer Malik, Assistant Secretary

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

**FILING FEE: \$25.00**

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