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COVER LETTER

TO: Amendmen Division of	t Section Corporations		
SUBJECT:	South Florion (Name of Corp.	INTERVENTIONAL, INC.	
DOCUMENT NU	MBER: Po 4000 / 35	5486	
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.			
Please return all con	respondence concerning this matter to	the following:	
-	(Name of Contact	SCHWANTZ D. O.	
-	South Florida (Firm/Comp	Interventional, Inc	
_	651 LEIGH (Address	PAIM AUE.	
	Plantation F (City/State and 2	L 33324	
For further informa	tion concerning this matter, please call:	:	
7000 (Na	me of Contact Person)	at (954) 993-834L (Area Code & Daytime Telephone Number)	
Enclosed is a \$35.0	0 check made payable to the Departme	nt of State.	
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

tatement of change is submitted for a corporation organized under the laws of the State of	
in order to change its registered office or registered agent, or both, in the State of Florida. The name of the corporation: South Horaco ZNIENVENTIONAL INC.	
The name of the corporation: South Floring Interventional, Inc. The principal office address: 651 LEICH PALM AVE	_
Plantation F1 33324	
. The mailing address (if different):	
. Date of incorporation/qualification: 9/28/04 Document number: Po 4000 / 3548L	<u> </u>
The name and street address of the current registered agent and registered office on file with the	
Florida Department of State: CORPDINECT Agents, Inc.	
515 E. PARE AVE.	
CORPDINECT Agents, INC. 515 E. PARE AVE. TAllahassee, FL 32301	
i. The name and street address of the new registered agent (if changed) and /or registered office	
(if changed): LONEE SCHWART 2 FEILER 7685 S.W. 1047 St. Suite 200 (P.O. Box NOT acceptable) M. An.; Floring 33151	THE CE
(P.O. Box NOT acceptable) M. An.; Floring 33151 F.	* 5.7.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.
The street address of its registered office and the street address of the business office of its registered agents is changed will be identical.	OKS
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change. (Signature of an officer or director) (Printed or typed name and title)	
(Printed or typed name and title) Thereby accept the appointment as registered agent and agree to act in this capacity. Thereby accept the appointment as registered agent and agree to act in this capacity. The 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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been neglified in writing of this change.	
Signature of Registered Agents 10/19/07 (Date)	
f signing on behalf of an entity:	
(Typed or Printed Name)	
*** FILING FEE: \$35.00 *** + 8.75 For cethfue	!d
MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314	1

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