


FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90068 026 ****50.00

**2004 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L01000002390 1. Entity Name FLORIDA CARDIOLOGY RESEARCH, L.L.C.	
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Principal Place of Business 1852 HILLVIEW ST., STE. 308 SARASOTA, FL 34239	Mailing Address 1852 HILLVIEW ST., STE. 308 SARASOTA, FL 34239
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03202004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1083280	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DOERR, KENNETH D
 240 S. PINEAPPLE AVE., 10TH FLOOR
 SARASOTA, FL 34236

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 IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANDERSON, DAVID R 1852 HILLVIEW STREET STE 308 SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CULP, STEPHEN C 1852 HILLVIEW STREET STE 308 SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HENSON, KENNETH D 1852 HILLVIEW STREET STE 308 SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAMIELEWSKI, LISA 1852 HILLVIEW ST. STE 308 SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *K. Doerr* 3/31/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #