


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90418 033 ****50.00

DOCUMENT # L01000002390

1. Entity Name
 FLORIDA CARDIOLOGY RESEARCH, L.L.C.



Principal Place of Business
 1852 HILLVIEW ST., STE. 308
 SARASOTA, FL 34239

Mailing Address
 1852 HILLVIEW ST., STE. 308
 SARASOTA, FL 34239

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

02112005 Chg-LLC CR2E083 (10/03)

4. FEI Number
 65-1083280

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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, 2005**

Make check payable to
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR Delete
 NAME ANDERSON, DAVID R
 STREET ADDRESS 1852 HILLVIEW STREET STE 308
 CITY-ST-ZIP SARASOTA, FL 34239

TITLE MGR Change Addition
 NAME Yamada, David m.
 STREET ADDRESS 1852 Hillview St STE 308
 CITY-ST-ZIP SARASOTA FL 34239

TITLE MGRM Delete
 NAME CULP, STEPHEN C
 STREET ADDRESS 1852 HILLVIEW STREET STE 308
 CITY-ST-ZIP SARASOTA, FL 34239

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE MGR Delete
 NAME HENSON, KENNETH D
 STREET ADDRESS 1852 HILLVIEW STREET STE 308
 CITY-ST-ZIP SARASOTA, FL 34239

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE MGR Delete
 NAME CAMIELEWSKI, LISA
 STREET ADDRESS 1852 HILLVIEW ST. STE 308
 CITY-ST-ZIP SARASOTA, FL 34239

TITLE MGR Change Addition
 NAME CHMIELEWSKI, Lisa
 STREET ADDRESS 1852 Hillview St. STE 308
 CITY-ST-ZIP SARASOTA FL 34239

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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. Henson* **3/31/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #