


AMENDED

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

05 DEC 19 AM 9:43

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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
4. FEI Number 65-1083280		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 34238		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	
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 NAME STREET ADDRESS CITY-ST-ZIP	MGR ANDERSON, DAVID R 1852 HILLVIEW STREET STE 308 SARASOTA, FL 34239 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Yamada, David Rm 1852 Hillview St Ste 308 SARASOTA FL 34239 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CULP, STEPHEN C 1852 HILLVIEW STREET STE 308 SARASOTA, FL 34239 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400062448714 12/28/05--01058--011 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DOERR, KENNETH D 1852 HILLVIEW STREET STE 308 SARASOTA, FL 34239 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GAMBIEWSKI, LISA 1852 HILLVIEW ST. STE 308 SARASOTA, FL 34239 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHMIELEWSKI, Lisa 1852 Hillview St. Ste 308 SARASOTA FL 34239 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Mark D. Dur</i>		Authorized Agent 12/19/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

DK



AMENDED A.R.