

**2003 LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

55033412

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 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.
City & State Zip		City & State Zip
4. FEI Number 65-1083280		Applied For <input type="checkbox"/> Not Applicable
5. Name and Address of Current Registered Agent DOERR, KENNETH D 240 S. PINEAPPLE AVE., 10TH FLOOR SARASOTA, FL 34238		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
6. 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 _____ <small>Signature, typewritten or printed name of registered agent and file 1 applicable.</small>		DATE _____ <small>NOTE: Registered Agent signature required when registering.</small>
[Redacted Signature Area]		
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	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WENGIN, KENNETH D 1852 HILLVIEW STREET STE 308 SARASOTA, FL 34239	MGR Henson, Kenneth D.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR I. LISA CHMIELEWSKI 1852 HILLVIEW ST. STE 308 SARASOTA, FL 34239	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE 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)(f), 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 606, Florida Statutes.		
SIGNATURE: <i>x</i>		Date: 4-11-03 Telephone: 917-4650

CR2003 (10/02)