


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000037293
 1. Entity Name
 MARTIN CARDIOVASCULAR DIAGNOSTICS, LLC



Principal Place of Business 314 SE HOSPITAL AVE STUART, FL 34994	Mailing Address 314 SE HOSPITAL AVE STUART, FL 34994
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03202008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 32-0095861	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

KANCILIA, JOHN R ESQ
 C/O GRAY, HARRIS & ROBINSON, P.A.
 1800 WEST HIBISCUS BOULEVARD, SUITE 138
 MELBOURNE, FL 32901

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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)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SYMONDS, DEW 314 SE HOSPITAL AVE STUART, FL 34994
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 06/03/08-80061-004 138.75

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Dew Symonds Date: 4/24/08 (772) 201-2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #