

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000055463

**Entity Name:** INVASIVE CARDIOLOGY, L.L.C.

**Current Principal Place of Business:**

1601 SOUTH APOLLO BLVD  
C  
MELBOURNE, FL 32901

**Current Mailing Address:**

1601 SOUTH APOLLO BLVD  
C  
MELBOURNE, FL 32901

**FEI Number:** 27-0327291

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WEALTH MANAGEMENT SYSTEMS  
601 21S STREET  
SUITE 308  
VERO BEACH, FL 32958 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name CELLINI, ALDINO G  
Address 1601 S APOLLO BLVD  
C  
City-State-Zip: MELBOURNE FL 32901

Title MGRM  
Name CELLINI, CAMILLE C  
Address 1601 S APOLLO BLVD  
C  
City-State-Zip: MELBOURNE FL 32901

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ALDINO G CELLINI

**MGRM**

**04/19/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date