

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000055463

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

**Current Principal Place of Business:**

13244 US HIGHWAY 1  
SEBASTIAN, FL 32958

**Current Mailing Address:**

13244 US HIGHWAY 1  
SEBASTIAN, FL 32958 US

**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	Title	MGRM
Name	CELLINI, ALDINO G	Name	CELLINI, CAMILLE C
Address	1601 S APOLLO BLVD C	Address	1601 S APOLLO BLVD C
City-State-Zip:	MELBOURNE FL 32901	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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CAMILLE CELLINI

**MANAGER**

**04/22/2014**

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

\_\_\_\_\_  
Date