

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000135832

Entity Name: MPM CARDIOLOGY SERVICES, LLC**Current Principal Place of Business:**300 S. PARK PLACE BLVD.
SUITE 170
CLEARWATER, FL 33759**Current Mailing Address:**300 S. PARK PLACE BLVD.
SUITE 170
CLEARWATER, FL 33759**FEI Number: NOT APPLICABLE****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MARQUARDT, J. MATTHEW
625 COURT STREET
SUITE 200
CLEARWATER, FL 33756 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/TREASURER
Name TREMONTI, CARL
Address 300 S. PARK PLACE BLVD. SUITE 170

City-State-Zip: CLEARWATER FL 33759

Title MGRM/PRESIDENT
Name WATERS, GLENN
Address 300 S. PARK PLACE BLVD. SUITE 170

City-State-Zip: CLEARWATER FL 33759

Title MGRM
Name CORRIGAN, KEVIN COO
Address 300 S. PARK PLACE BLVD. SUITE 170

City-State-Zip: CLEARWATER FL 33759

Title MGRM
Name ZIECHECK, HAL
Address 300 S. PARK PLACE BLVD.
SUITE 170

City-State-Zip: CLEARWATER FL 33759

Title MGRM/SECRETARY
Name GALDIERI, LOU
Address 300 S. PARK PLACE BLVD. SUITE 170

City-State-Zip: CLEARWATER FL 33759

Title MGRM
Name JACOBS, STEPHEN MD FACP
Address 300 S. PARK PLACE BLVD. SUITE 170

City-State-Zip: CLEARWATER FL 33759

Title MGRM
Name HOCE, KRIS
Address 300 S. PARK PLACE BLVD.
SUITE 170

City-State-Zip: CLEARWATER FL 33759

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: GLENN WATERS**MGRM/PRESIDENT****04/29/2013**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date