2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A02000000911

FILED May 05, 2009 Secretary of State

Entity Name: CARDIOVASCULAR MANAGEMENT ASSOCIATES, LTD.

| Current Principal Place of Business: | | New Principal Place of Bus | New Principal Place of Business: | |
|---|--|--|---|--|
| SUITE 300 | TH AVENUE ON, FL 33324 | | | |
| Current Ma | ailing Address: | New Mailing Address: | New Mailing Address: | |
| SUITE 300 | TH AVENUE ON, FL 33324 | | | |
| | 03-0470672 FEI Number Applied For (se with s. 607.193(2)(b), F.S., the limited part Address of Current Registered Age | nership did not receive the prior notice. | tificate of Status Desired () Registered Agent: | |
| 350 NW 84 SUITE 300 PLANTATIO | | r the purpose of changing its registered office | or registered agent, or both, | |
| SIGNATURE: Electronic Signature of Registered Agent | | ed Agent | Date | |
| GENERAL PA | ARTNER INFORMATION: | ADDRESS CHANGES ONLY: | | |
| Document #: Name: Address: City-St-Zip: Document #: Name: Address: City-St-Zip: | BREZING, RICHARD M.D. 350 NW 84TH AVENUE PLANTATION, FL 33324 ROBERTS, HAROLD JR, M.D 350 N W84TH AVENUE PLANTATION, FL 33324 | Address: City-St-Zip: Address: City-St-Zip: | | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: RICHARD A BREZING PRES 05/05/2009