

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000007589

FILED
Feb 11, 2008
Secretary of State

Entity Name: INTERVENTIONAL CARDIAC CONSULTANTS, P.L.C.

Current Principal Place of Business:

2055 LITTLE ROAD
TRINITY, FL 34655

New Principal Place of Business:

Current Mailing Address:

2055 LITTLE ROAD
TRINITY, FL 34655

New Mailing Address:

FEI Number: 59-3667517

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HANEY, R. REID ESQ
C/O WARD ROVELL
101 E KENNEDY BLVD SUITE 4100
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BAYRON, CARLOS J MD
Address: 2055 LITTLE ROAD
City-St-Zip: TRINITY, FL 34655 US

Title: MGRM () Delete
Name: ANNONI-SUAU, LUIS R MD
Address: 2055 LITTLE ROAD
City-St-Zip: TRINITY, FL 34655 US

Title: MGRM () Delete
Name: VILA, JUAN C MD
Address: 2055 LITTLE ROAD
City-St-Zip: TRINITY, FL 34655 US

Title: MGRM () Delete
Name: JIMENEZ, RAUL MD
Address: 2055 LITTLE ROAD
City-St-Zip: TRINITY, FL 34655

Title: MGRM () Delete
Name: YAMAMURA, KENNETH H MD
Address: 2055 LITTLE ROAD
City-St-Zip: TRINITY, FL 34655 US

Title: MGRM () Delete
Name: KUNHARDT, RENE E MD
Address: 2055 LITTLE ROAD
City-St-Zip: TRINITY, FL 34655 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
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 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: LUIS ANNONI-SUAU

DR.

02/11/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date