2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# L00000007589

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	(X) 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:	TRINTY, 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
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
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: GLYNIS FLOWER ADMI 01/14/2009

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