

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L00000007589

FILED
Apr 28, 2009
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:**HANEY, R. REID ESQ
101 E. KENNEDY BOULEVARD
SUITE 3700
TAMPA, FL 33602 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: R. REID HANEY, ESQ.

04/28/2009

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 USTitle: MGRM (X) Delete
Name: ANNONI-SUAU, LUIS R MD
Address: 2055 LITTLE ROAD
City-St-Zip: TRINITY, FL 34655 USTitle: MGRM (X) Delete
Name: JIMENEZ, RAUL MD
Address: 2055 LITTLE ROAD
City-St-Zip: TRINITY, FL 34655Title: MGRM (X) Delete
Name: YAMAMURA, KENNETH H MD
Address: 2055 LITTLE ROAD
City-St-Zip: TRINITY, FL 34655 USTitle: MGRM (X) Delete
Name: KUNHARDT, RENE E MD
Address: 2055 LITTLE ROAD
City-St-Zip: TRINITY, FL 34655 US**ADDITIONS/CHANGES:**Title: MGRM (X) Change () Addition
Name: ANNONI-SUAU, LUIS MD PA
Address: 2055 LITTLE ROAD
City-St-Zip: TRINITY, FL 34655 USTitle: () 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: LUIS ANNONI-SUAU, M.D.

P

04/28/2009

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