

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 06, 2004 8:00 am
Secretary of State

04-06-2004 90128 045 ****50.00

DOCUMENT # L00000010715

1. Entity Name

CARDIOLOGY PARTNERS, P.L.



Principal Place of Business

12953 PALMS WEST DRIVE, SUITE 102
LOXAHATCHEE FL 33470

Mailing Address

12953 PALMS WEST DRIVE, SUITE 102
LOXAHATCHEE FL 33470

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1036209

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VENUGOPAL, CHANDRA M.D.
12953 PALMS WEST DRIVE, SUITE 102
LOXAHATCHEE FL 33470

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE P ☐ Delete
NAME VENUGOPAL, CHANDRA MD
STREET ADDRESS 14728 ROLLING ROCK PLACE
CITY-ST-ZIP WELLINGTON FL 33414

TITLE V ☐ Delete
NAME FOUCAULD, JEAN MD
STREET ADDRESS 2030 GREENVIEW COVE DRIVE
CITY-ST-ZIP WELLINGTON FL 33414

TITLE ST ☐ Delete
NAME VEDERE, AMARNATH MD
STREET ADDRESS 15738 GLEN WILLOWS
CITY-ST-ZIP WELLINGTON FL 33414

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

V. President

2/2/04

561-793-6100