## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

## Apr 16, 2007 8:00 am Secretary of State **DOCUMENT # L00000010715** 04-16-2007 90336 026 \*\*\*\*50.00 CARDIOLOGY PARTNERS, P.L. Principal Place of Business Mailing Address 12953 PALMS WEST DRIVE, SUITE 102 12953 PALMS WEST DRIVE, SUITE 102 LOXAHATCHEE, FL 33470 LOXAHATCHEE, FL 33470 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03022007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 65-1036209 Not Applicable Zip Country Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VENUGOPAL, CHANDRA M.D. 12953 PALMS WEST DRIVE, SUITE 102 Street Address (P.O. Box Number is Not Acceptable) LOXAHATCHEE, FL 33470 City 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 (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. TITLE ☐ Delete TITLE ☐ Change ☐ Addition VENUGOPAL, CHANDRA MD NAME NAME STREET ADDRESS 14728 ROLLING ROCK PLACE STREET ADDRESS CITY-ST-ZIF WELLINGTON, FL 33414 CITY-ST-ZIP TITLE ☐ Delete TITLE Jean Foucauld, mb ☐ Addition FOUCAULD, JEAN MD NAME NAME 15330 Ocean Breeze Lane STREET ADDRESS 2030 GREENVIEW COVE DRIVE STREET ADDRESS CITY-ST-ZIP WELLINGTON, FL 33414 Wellington, Fl. 33414 CITY-ST-ZIP TITLE Delete TITLE Amaronath Vedere, mo Schange ☐ Addition NAME VEDERE, AMARNATH MD NAME 7 North Beach Rd STREET ADDRESS 15738 GLEN WILLOWS STREET ADDRESS CITY-ST-ZIP WELLINGTON, FL 33414 CITY-ST-ZIP Jupiter Island, Fl 33455 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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.

4/5/07

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

FILED