2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 02, 2009
Secretary of State

DOCUMENT# L00000010715

Entity Name: CARDIOLOGY PARTNERS, P.L.

Current Principal Place of Business:

12953 PALMS WEST DRIVE, SUITE 102
LOXAHATCHEE, FL 33470

New Principal Place of Business:

3347 STATE ROAD 7
SUITE 203
WELLINGTON, FL 33449

Current Mailing Address:

POST OFFICE BOX 939
LOXAHATCHEE, FL 33470

New Mailing Address:

3347 STATE ROAD 7
SUITE 203
WELLINGTON, FL 33449

FEI Number: 65-1036209 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

VENUGOPAL, CHANDRA M.D.
3347 STATE ROAD 7
SUITE 203
WELLINGTON, FL 33449 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: 03/02/2009
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: P ( ) Delete
Name: VENUGOPAL, CHANDRA MD
Address: 14728 ROLLING ROCK PLACE
City-St-Zip: WELLINGTON, FL 33414

Title: V ( ) Delete
Name: FOUCAULD, JEAN MD
Address: 15330 OCEAN BREEZE LANE
City-St-Zip: WELLINGTON, FL 33414

Title: ST ( ) Delete
Name: VEDERE, AMARNATH MD
Address: 7 NORTH BEACH RD
City-St-Zip: JUPITER ISLAND, FL 33455

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:

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: CHANDRA VENUGOPAL, M.D. P 03/02/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date