## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L00000010715

Entity Name: CARDIOLOGY PARTNERS, P.L.

FILED Mar 02, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Frincipal Flace Of Business.	New Fillicipal Flace Of Dusiliess.

12953 PALMS WEST DRIVE, SUITE 102 3347 STATE ROAD 7 LOXAHATCHEE, FL 33470

SUITE 203

WELLINGTON, FL 33449

**Current Mailing Address: New Mailing Address:** 

POST OFFICE BOX 939 3347 STATE ROAD 7 LOXAHATCHEE, FL 33470

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: Name and Address of New Registered Agent:

VENUGOPAL, CHANDRA M.D. VENUGOPAL, CHANDRA M.D.

12953 PALMS WEST DRIVE, SUITE 102 3347 STATE ROAD 7

LOXAHATCHEE, FL 33470 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: ADDITIONS/CHANGES:

Title: () Change () Addition () Delete

VENUGOPAL, CHANDRA MD Name: Name: Address: 14728 ROLLING ROCK PLACE Address: City-St-Zip: WELLINGTON, FL 33414 City-St-Zip:

Title: () Delete Title: () Change () Addition

FOUCAULD, JEAN MD Name: Name: Address: 15330 OCEAN BREEZE LANE Address: City-St-Zip: WELLINGTON, FL 33414 City-St-Zip:

Title: () Delete Title: () Change () Addition

VEDERE, AMARNATH MD Name: Name: 7 NORTH BEACH RD Address: Address: City-St-Zip: JUPITER ISLAND, FL 33455 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. 03/02/2009