## 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000010715

Entity Name: CARDIOLOGY PARTNERS, P.L.

FILED Jan 05, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3347 STATE ROAD 7 3347 STATE ROAD 7

SUITE 203 SUITE 203

WELLINGTON, FL 33449 WELLINGTON, FL 33449 US

Current Mailing Address: New Mailing Address:

3347 STATE ROAD 7 3347 STATE ROAD 7

SUITE 203 SUITE 203

WELLINGTON, FL 33449 US WELLINGTON, FL 33449 US

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:

WILLIAM, DALTON COO WILLIAM, DALTON 3347 STATE ROAD 7 3347 STATE ROAD 7

SUITE 203 SUITE 203

WELLINGTON, FL 33449 US 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: WILLIAM DALTON 01/05/2012

Electronic Signature of Registered Agent Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM

 Name:
 VENUGOPAL, CHANDRA MD

 Address:
 3347 STATE ROAD 7, SUITE 203

 City-St-Zip:
 WELLINGTON, FL 33449 US

Title: MGRM

 Name:
 FOUCAULD, JEAN MD

 Address:
 3347 STATE ROAD 7, SUITE 203

 City-St-Zip:
 WELLINGTON, FL 33449 US

Title: MGRM

 Name:
 VEDERE, AMARNATH MD

 Address:
 3347 STATE ROAD 7, SUITE 203

 City-St-Zip:
 WELLINGTON, FL 33449 US

Title: MGRM

Name: NEERAV, SHAH MD

Address: 3347 STATE ROAD 7, SUITE 023 City-St-Zip: WELLINGTON, FL 33449 US

Title: MGRM

 Name:
 MAURICIO, MELHADO MD

 Address:
 3347 STATE ROAD 7, SUITE 203

 City-St-Zip:
 WELLINGTON, FL 33449 US

Title: MGRM

 Name:
 ELIEZER, HERNANDEZ MD

 Address:
 3347 STATE ROAD 7, SUITE 203

 City-St-Zip:
 WELLINGTON, FL 33449 US

I hereby 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 Statues.

SIGNATURE: CHANDRA VENUGOPAL, MD MGRM 01/05/2012

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