2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# L00000013546

Entity Name: FLORIDA CATH LAB, LLC

Current Principal Place of Business:

301 EAST EVANS ST
ORLANDO, FL 32804

New Principal Place of Business:

Current Mailing Address:

483 N. SEMORAN BLVD
SUITE 204
WINTER PARK, FL 32792

New Mailing Address:

483 N. SEMORAN BLVD
SUITE 205
WINTER PARK, FL 32792

FEI Number: 59-3703422 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEAN MEAD SERVICES LLC
800 N MAGNOLIA AVE
SUITE 1500
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: REDDY, KARAN
Address: 483 N. SEMORAN BLVD, SUITE 204
City-St-Zip: WINTER PARK, FL 32792

Title: MGRM ( ) Delete
Name: BAJAJ, SANDEEP
Address: 483 N. SEMORAN BLVD, SUITE 204
City-St-Zip: WINTER PARK, FL 32792

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: REDDY, KARAN
Address: 483 N. SEMORAN BLVD, SUITE 205
City-St-Zip: WINTER PARK, FL 32792

Title: MGRM (X) Change ( ) Addition
Name: BAJAJ, SANDEEP
Address: 483 N. SEMORAN BLVD, SUITE 205
City-St-Zip: WINTER PARK, FL 32792

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: SANDEEP BAJAJ MGRM 04/30/2008

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