2007 LIMITED LIABILITY COMPANY

FILED Feb 19, 2007 8:00 am Secretary of State

02-19-2007 90199 030 ****50 00

ANNUAL REPORT

DOCUMENT #L01000002390 FLORIDA CARDIOLOGY RESEARCH, L.L.C. Principal Place of Business Mailing Address 1852 HILLVIEW ST., STE, 308 1852 HILLVIEW ST., STE. 308 60016671 SARASOTA, FL 34239 SARASOTA, FL 34239 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01192007 CR2E083 (12/06) Chq-LLC City & State City & State 4. FEI Number Applied For 65-1083280 Not Applicable Zip Country Zip Country \$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 DOERR, KENNETH D Street Address (P.O. Box Number is Not Acceptable) 240 S. PINEAPPLE AVE., 10TH FLOOR SARASOTA, FL 34236 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. Change TITLE TITLE 🖊 Delete SACPHEN CUL NAME ANDERSON, DAVID R NAME 852 Hilliew STREET 1852 HILLVIEW STREET STE 308 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34239 CITY-ST-ZIP SARASOTA MGRM MGRM Addition TITLE ☐ Change TITLE De lete CHMIELEWSKI I. LISA 1852 Hillview STREET STE 308 NAME CULP, STEPHEN C NAME 1852 HILLVIEW STREET STE 308 STREET ADDRESS STREET ADDRESS FL 34239 CITY-ST-ZIP SARASOTA, FL 34239 CITY-SI-7IP Delete TITLE ☐ Change ☐ Addition TITL F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Chance ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing 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 it 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. STEPHEN C CULP MERM SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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DOCUMENT # L0100002390 1. Entity Name FLORIDA CARDIOLOGY-RESEARCH, L.L.C.						ATTACHMENT				
Principal Place of Business 1852 HILLVIEW ST., STE. 308 SARASOTA, FL 34239 Mailing Address 1852 HILLVIEW ST., STE. 308 SARASOTA, FL 34239 SARASOTA, FL 34239							י ייזונב	141		
2. Principal Pl	ace of Business - No P.O. Box #	3. Mailing Address	3. Mailing Address			66016671				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01192007 Chg-LLC CR2E083 (12/06)					
City & State		City & State						oplied For ot Applicable		
Zip Country		Zip	Cour	itry	5. Certificate	of Status Desired		5.00 Add ee Require		
	6. Name and Address of Curren	t Registered Agent	egistered Agent Name			7. Name and Address of New Registered Agent				
240 S. PIN	ENNETH D EAPPLE AVE., 10TH FLOOF A. El. 34336	₹		Street Address	s (P.O. Box Numb	(P.O. Box Number is Not Acceptable)				
SARASUI	A, FL 34236									
	named entity submits this statement			City			FL	Zip Cod		
FI	Signature. Typed or printed name of registered ager ling Fee is \$50.00 se by May 1, 2007	nt and title if applicable. (NO	TE: Registere	id Agent signature requi	red when reinstating)		Ce check partino		e	
9.	MANAGING MEME	BERS/MANAGERS	10.			ADDITIONS	/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANDERSON, DAVID R 1852 HILLVIEW STREET STE SARASOTA, FL 34239	Delete						Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Delete CULP, STEPHEN C 1852 HILLVIEW STREET STE 308 SARASOTA, FL 34239			E ME EET ADDRESS Y-ST-ZIP				☐ Change	☐ Addition	
TITLE NAME Street address City-St-Zip		☐ Delete						☐ Change	☐ Addition	
TITLE Name Street address City-St-Zip		☐ Delete						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delate						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Delete	CIT	ME EET ADDRESS Y-ST-ZIP				☐ Change	Addition	
	certify that the information supplied we on this report is true and accurate an billity company or the receiver or trus	that my signature shall have tee empowered to execute the	is report a	is required by Ch	apter 608, Florida	Statutes.	iging mome			
SIGNAT	URE: SIGNATURE AND TYPED OR PRINTED NAME	OF SIGNING MANAGING MEMBER, A	MANAGER, C	R AUTHORIZED REPR	M Grzmi EBENTATIVE	2/12/		aytime Phone #		