


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

02-19-2007 90199 030 ****50.00

DOCUMENT # L01000002390	
1. Entity Name FLORIDA CARDIOLOGY RESEARCH, L.L.C.	

Principal Place of Business 1852 HILLVIEW ST., STE. 308 SARASOTA, FL 34239	Mailing Address 1852 HILLVIEW ST., STE. 308 SARASOTA, FL 34239
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60016671



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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01192007 Chg-LLC CR2E083 (12/06)

City & State	City & State
Zip	Country

4. FEI Number 65-1083280	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent DOERR, KENNETH D 240 S. PINEAPPLE AVE., 10TH FLOOR SARASOTA, FL 34236	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**


**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ANDERSON, DAVID R 1852 HILLVIEW STREET STE 308 SARASOTA, FL 34239 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR STEPHEN C CULP, STEPHEN C 1852 HILLVIEW STREET STE 308 SARASOTA, FL 34239 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CULP, STEPHEN C 1852 HILLVIEW STREET STE 308 SARASOTA, FL 34239 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CHMIELEWSKI, E. LISA 1852 HILLVIEW STREET STE 308 SARASOTA, FL 34239 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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 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: STEPHEN C CULP MGR 2.12.07 941-917-4250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

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ATTACHMENT

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