

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000002390

FILED
Apr 28, 2009
Secretary of State

Entity Name: FLORIDA CARDIOLOGY RESEARCH, L.L.C.

Current Principal Place of Business:

1852 HILLVIEW ST., STE. 308
SARASOTA, FL 34239

New Principal Place of Business:

Current Mailing Address:

1852 HILLVIEW ST., STE. 308
SARASOTA, FL 34239

New Mailing Address:

FEI Number: 65-1083280

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CULP, STEPHEN C
1852 HILLVIEW STREET, STE. 308
SARASOTA, FL 34239 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: MGR () Delete
Name: CULP, STEPHEN C
Address: 1852 HILLVIEW ST SUITE 308
City-St-Zip: SARASOTA, FL 34239

Title: MGRM () Delete
Name: CHMIELEWSKI, LISA I
Address: 1852 HILLVIEW ST SUITE 308
City-St-Zip: SARASOTA, FL 34239

Title: MGRM () Delete
Name: YAMADA, DAVID
Address: 1852 HILLVIEW ST. STE. 308
City-St-Zip: SARASOTA, FL 34239

Title: MGRM () Delete
Name: SCHREIBMAN, DAVID
Address: 1852 HILLVIEW STREET STE. 308
City-St-Zip: SARASOTA, FL 34239

Title: MGRM () Delete
Name: SCHWARTZ, HARDY
Address: 1852 HILLVIEW ST. STE. 308
City-St-Zip: SARASOTA, FL 34239

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CULP, STEPHEN C MD
Address: 1852 HILLVIEW ST SUITE 308
City-St-Zip: SARASOTA, FL 34239

Title: MGR (X) Change () Addition
Name: NALLURI, CHIPPY C MD
Address: 1852 HILLVIEW ST SUITE 308
City-St-Zip: SARASOTA, FL 34239

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: STEPHEN C. CULP, MD

MGR

04/28/2009

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