

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000002390

FILED  
Feb 15, 2010  
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 (X)**

**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  
**Name:** CULP, STEPHEN C MD  
**Address:** 1852 HILLVIEW ST SUITE 308  
**City-St-Zip:** SARASOTA, FL 34239

**Title:** MGR  
**Name:** NALLURI, CHIPPY C MD  
**Address:** 1852 HILLVIEW ST SUITE 308  
**City-St-Zip:** SARASOTA, FL 34239

**Title:** MGR  
**Name:** YAMADA, DAVID M MD  
**Address:** 1852 HILLVIEW ST. STE. 308  
**City-St-Zip:** SARASOTA, FL 34239

**Title:** MGR  
**Name:** SCHREIBMAN, DAVID S MD  
**Address:** 1852 HILLVIEW STREET STE. 308  
**City-St-Zip:** SARASOTA, FL 34239

**Title:** MGR  
**Name:** SCHWARTZ, HARDY J MD  
**Address:** 1852 HILLVIEW ST, STE. 308  
**City-St-Zip:** SARASOTA, FL 34239

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 Statutes.

**SIGNATURE:** STEPHEN C. CULP, MD

MGR

02/15/2010

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