


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000011543</b> 1. Entity Name FLORIDA CARDIOLOGY GROUP, L.L.C.	
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Principal Place of Business 4738 GRAND BLVD. STE E NEW PORT RICHEY, FL 34652	Mailing Address 4738 GRAND BLVD. STE E NEW PORT RICHEY, FL 34652
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**DO NOT WRITE IN THIS SPACE**



04222007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 59-3730782	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  GASSMAN, ALAN S ESQ. 1245 COURT STREET SUITE 102 CLEARWATER, FL 33756
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**DO NOT WRITE  
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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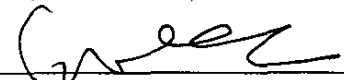
**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AGARWAL, SUDHIR MD 4738 GRAND BLVD., STE. E NEW PORT RICHEY, FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHALAVARYA, GOPAL MD 4738 GRAND BLVD., STE. E NEW PORT RICHEY, FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHARMA, NAGARAJA D MD 4738 GRAND BLVD., STE. E NEW PORT RICHEY, FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MOORE, MICHAEL DO 4738 GRAND BLVD., STE. E NEW PORT RICHEY, FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2

U000000745351  
05/16/07-80025-015 50.00

**DO NOT WRITE  
IN THIS SPACE**

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.

<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<b>4/25/07</b> <small>Date</small>	<small>Daytime Phone #</small>
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