

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 14, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L01000011543**

1. Entity Name  
FLORIDA CARDIOLOGY GROUP, L.L.C.



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



03112008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-3730782

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

GASSMAN, ALAN S ESQ.  
1245 COURT STREET  
SUITE 102  
CLEARWATER, FL 33756

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

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

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04/01/08-80063-022-143.75

**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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/11/08

Date

Daytime Phone #