

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90243 032 ****50.00

DOCUMENT # L01000012766

1. Entity Name

Cardioquest, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9809 Bay Island Drive

Suite, Apt. #, etc.

3. Mailing Address
9809 Bay Island Drive

Suite, Apt. #, etc.

City & State
Tampa, Florida

City & State
Tampa, Florida

4. FEI Number
59-3733719

Applied For
Not Applicable

Zip
33615

Country
USA

Zip
33615

Country
USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Fadi A. Matar, M.D.

Street Address (P.O. Box Number is Not Acceptable)

9809 Bay Island Drive

City
Tampa

FL

Zip Code
33615

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.

SIGNATURE

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

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
Fadi A. Matar, M.D.
9809 Bay Island Drive
Tampa, FL 33615

TITLE
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

(813) 855-9331

Daytime Phone #

CR2E083B (12/01)