

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000020350

**FILED**  
**Apr 03, 2012**  
**Secretary of State**

**Entity Name:** F.M.C. CARDIOLOGY PANEL, L.L.C.

**Current Principal Place of Business:**

5000 W OAKLAND PARK BLVD  
EKG/ECHO READERS PANEL  
FT LAUDERDALE, FL 33313

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 918566  
ORLANDO, FL 32891 US

**New Mailing Address:**

**FEI Number:** 65-1159772

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ADVANCED CLAIMS PROCESSING INC  
1700 NW 66TH AVE  
SUITE 117  
PLANTATION, FL 33313 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: PD  
Name: KATZ, MOISES J MD  
Address: 7800 W OAKLAND PK BLVD #105  
City-St-Zip: SUNRISE, FL 33351

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: MOISES KATZ MD

PD

04/03/2012

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