

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000001735

FILED  
Jan 30, 2004  
Secretary of State

**Entity Name:** CARDIOLOGY ASSOCIATES OF FLORIDA, L.L.C.

**Current Principal Place of Business:**

1840 MEASE DR., SUITE 200  
SAFETY HARBOR, FL 34695

**New Principal Place of Business:**

**Current Mailing Address:**

1840 MEASE DR., SUITE 200  
MEDICAL ARTS BUILDING SUITE 102  
SAFETY HARBOR, FL 34695

**New Mailing Address:**

1840 MEASE DR., SUITE 200  
SAFETY HARBOR, FL 34695

**FEI Number:** 02-0561586

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GOLD, AARON J  
704 WEST BAY STREET  
TAMPA, FL 33606

**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/MEMBERS:**

Title: MGRP ( ) Delete  
Name: KLONAAIS, JOHN N MD  
Address: 1840 MEASE DR, #200  
City-St-Zip: SAFETY HARBOR, FL 34645

Title: MGRV ( ) Delete  
Name: KLONARIS, JOHN N MD  
Address: 1840 MEASE DR, #200  
City-St-Zip: SAFETY HARBOR, FL 34645

Title: ST ( ) Delete  
Name: NGUYEN, VAN Q  
Address: 1840 MEASE DR, #200  
City-St-Zip: SAFETY HARBOR, FL 34645

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: CAMBIER, PATRICK A MD  
Address: 1840 MEASE DR, #200  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: MGR (X) Change ( ) Addition  
Name: KLONARIS, JOHN N MD  
Address: 1840 MEASE DR, #200  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: MGR (X) Change ( ) Addition  
Name: NGUYEN, VAN Q MD  
Address: 1840 MEASE DR, #200  
City-St-Zip: SAFETY HARBOR, FL 34695

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PATRICK CAMBIER

MGR

01/30/2004

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