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Apr 28, 2004 8:00 am
Secretary of State
04-28-2004 90074 035 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000003678

1. Entity Name
CARDIOVASCULAR CONSULTANTS OF CENTRAL FLORIDA, PL

24057566

04242004 Chg-LLC CR2E083 (10/03)

Principal Place of Business	Mailing Address
3898 HUNTERS ISLE DR. ORLANDO, FL 32837	3898 HUNTERS ISLE DR ORLANDO, FL 32837

2. Principal Place of Business	3. Mailing Address
8937 Southern Breeze Dr	8937 Southern Breeze Dr
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: Orlando, FL	City & State: Orlando, FL
Zip: 32836 Country: US	Zip: 32836 Country: US

4. FEI Number: 30-0043273 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RAJU, ANNAPOORNA 721 OAK COMMONS BLVD., STE. A KISSIMMEE, FL 34741	Name: RAJU, ANNAPOORNA Street Address (P.O. Box Number is Not Acceptable): 8937 Southern Breeze Dr City: Orlando FL Zip Code: 32836

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 ______________________________ DATE ________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating)

Filing Fee is $50.00 Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRB	☐ Delete	TITLE	MGRB	☒ Change ☐ Addition
NAME	ANNAPOONRA, RAJU		NAME	ANNAPOONRA, RAJU	
STREET ADDRESS	721 OAK COMMONS BLVD., STE A		STREET ADDRESS	8937 Southern Breeze Dr	
CITY-ST-ZIP	KISSIMMEE, FL 34741		CITY-ST-ZIP	Orlando, FL 32836	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Annapoorna Raju 4/27/04 407-345-0217
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

APR-24-2004 05:19 PM P.02