2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2006 08:
Secretary of St

DOCUMENT # L02000003678

1. Entity Name
CARDIOVASCULAR CONSULT TS OF CENTRAL FLORIDA, PL

Principal Place of Business	Mailing Address
8937 SOUTHERN BREEZE DR ORLANDO, FL 32836	8937 SOUTHERN BREEZE DR ORLANDO, FL 32836

04252006No Chg-LLC CR2E083 (1/05)

DO NOT WRITE IN THIS SPACE

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

RAJU, ANNAPOORNA
8937 SOUTHERN BREEZE DR
ORLANDO, FL 32836

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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, type or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating)

Filing Fee is $60.00
Due by May 1, 2006

U00000562482
05/19/06-80056-025 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRB
NAME	ANNAPOONRA, RAJU
STREET ADDRESS	8937 SOUTHERN BREEZE DR
CITY-ST-ZIP	ORLANDO, FL 32836
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Annapoorna Raju 4/30/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone