2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007
Secretary of State

DOCUMENT# L02000003678

Entity Name: CARDIOVASCULAR CONSULTANTS OF CENTRAL FLORIDA, PL

Current Principal Place of Business:

8937 SOUTHERN BREEZE DR
ORLANDO, FL 32836

New Principal Place of Business:

Current Mailing Address:

8937 SOUTHERN BREEZE DR
ORLANDO, FL 32836

New Mailing Address:

FEI Number: 30-0043273 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAJU, ANNAPOORNA
8937 SOUTHERN BREEZE DR
ORLANDO, FL 32836 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: MGRB ( ) Delete
Name: ANNAPOONRA, RAJU
Address: 8937 SOUTHERN BREEZE DR
City-St-Zip: ORLANDO, FL 32836

ADDITIONS/CHANGES:

Title: MGMR (X) Change ( ) Addition
Name: ANNAPOONRA, RAJU
Address: 8937 SOUTHERN BREEZE DR
City-St-Zip: ORLANDO, FL 32836

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ANNAPOORNA RAJU MGMR 04/26/2007

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