FILED
Apr 25, 2008
Secretary o

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000003673

1. Entity Name
CARDIOVASCULAR CONSULTANTS OF CENTRAL FLORIDA, PL

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

04212008 No Chg-LLC CR2E083 (12/07)

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

DO NOT WRITE IN THIS SPACE

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 _____ _____
Signature of new registered agent, if changing (Type or print name of registered agent and title if applicable) Date Signature of new registered agent (The Above Designated)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS OR MANAGERS

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

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05/15/08-80006-012 138.75

DO NOT WRITE IN THIS SPACE

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 4/21/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #