2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2004
Secretary of State

DOCUMENT# L02000009961

Entity Name: CARDIOLOGY ASSOCIATES OF CLEARWATER, L.L.C.

Current Principal Place of Business:

1840 MEASE DE
STE 200
SAFETY HARBOR, FL 34695

New Principal Place of Business:

Current Mailing Address:

1840 MEASE DE
STE 200
SAFETY HARBOR, FL 34695

New Mailing Address:

FEI Number: 04-3658194 **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 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/MEMBERS:

Title: P ( ) Delete
Name: CRAMBIER, PATRICK A M.D.
Address: 1840 MEASE DR #200
City-St-Zip: SAFETY HARBOR, FL 34695

Title: V ( ) Delete
Name: KLANANIS, JOHN M.D.
Address: 1840 MEASE DR #200
City-St-Zip: SAFETY HARBOR, FL 34695

Title: ST ( ) Delete
Name: MOUYEN, VAN Q
Address: 1840 MEASE DR #200
City-St-Zip: SAFETY HARBOR, FL 34695

ADDITIONS/CHANGES:

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

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

Title: MGR (X) Change ( ) Addition
Name: NGUYEN, VAN Q
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