

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 19, 2007 8:00 am
Secretary of State

07-19-2007 90043 006 ****50.00

DOCUMENT # L02000010988

1. Entity Name
CORAZON DIAGNOSTICS, LLC



Principal Place of Business

**3340 TAMiami TRAIL
PORT CHARLOTTE, FL 33952**

Mailing Address

**PO BOX 495120
PT CHARLOTTE, FL 33952**



07092007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

42-1537407

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CONNELLY, TERENCE P MD
3340 TAMiami TRAIL
PORT CHARLOTTE, FL 33952**

**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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
LOPEZ, MARIO J MD
3340 TAMiami TRAIL
PORT CHARLOTTE, FL 33952**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
CONNELLY, TERENCE P
3340 TAMiami TRAIL
PORT CHARLOTTE, FL 33952**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
COSSU, SERGIO F MD
3340 TAMiami TRAIL
PORT CHARLOTTE, FL 33952**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
MARTINEZ, RICARDO R MD
3340 TAMiami TRAIL
PORT CHARLOTTE, FL 33952**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

7/10/07

941-764-5858