

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90317 004 ***138.75

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**

00000100



01112008 No Chg-LLC

CR2E083 (12/07)

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 _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	LOPEZ, MARIO J MD
STREET ADDRESS	3340 TAMiami TRAIL
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE	MGR
NAME	CONNELLY, TERENCE P
STREET ADDRESS	3340 TAMiami TRAIL
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE	MGR
NAME	COSSU, SERGIO F MD
STREET ADDRESS	3340 TAMiami TRAIL
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE	MGR
NAME	MARTINEZ, RICARDO R MD
STREET ADDRESS	3340 TAMiami TRAIL
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE	MGR
NAME	Michael A. Malone, D.O.
STREET ADDRESS	3340 TAMiami Trail
CITY-ST-ZIP	Port Charlotte, FL 33952
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: _____

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

Date

Daytime Phone #

2/13/08 941-235-7025