

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000010988

FILED  
Jun 26, 2009  
Secretary of State

Entity Name: CORAZON DIAGNOSTICS, LLC

## Current Principal Place of Business:

3340 TAMIAMI TRAIL  
PORT CHARLOTTE, FL 33952

## New Principal Place of Business:

3340 TAMIAMI TRAIL  
ATTN: DIANE G.  
PORT CHARLOTTE, FL 33952

## Current Mailing Address:

PO BOX 495120  
PT CHARLOTTE, FL 33952

## New Mailing Address:

PO BOX 495120  
ATTN: DIANE  
PT CHARLOTTE, FL 33952

FEI Number: 42-1537407      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

CONNELLY, TERENCE P MD  
3340 TAMIAMI TRAIL  
PORT CHARLOTTE, FL 33952      US

## Name and Address of New Registered Agent:

CONNELLY, TERENCE P MD  
3340 TAMIAMI TRAIL  
ATTN: DIANE G.  
PORT CHARLOTTE, FL 33952      US

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: TERENCE P. CONNELLY M.D.

06/26/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR      ( ) Delete  
Name: LOPEZ, MARIO J MD  
Address: 3340 TAMIAMI TRAIL  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: MGR      ( ) Delete  
Name: CONNELLY, TERENCE P  
Address: 3340 TAMIAMI TRAIL  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: MGR      ( ) Delete  
Name: COSSU, SERGIO F MD  
Address: 3340 TAMIAMI TRAIL  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: MGR      ( ) Delete  
Name: MARTINEZ, RICARDO R MD  
Address: 3340 TAMIAMI TRAIL  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: MGR      ( ) Delete  
Name: MALONE, MICHAEL A D.O.  
Address: 3340 TAMIAMI TRAIL  
City-St-Zip: PORT CHARLOTTE, FL 33952

## ADDITIONS/CHANGES:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: TERENCE P. CONNELLY

MGR

06/26/2009

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