2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2011
Secretary of State

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Entity Name: CORAZON DIAGNOSTICS, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

PO BOX 495120
ATTN: DIANE
PT CHARLOTTE, FL 33952

New Mailing Address:

FEI Number: 42-1537407 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

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

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

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

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

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

I hereby 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 Statues.

SIGNATURE: TERENCE P. CONNELLY MGR 03/03/2011
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date