S03149906030
05-12-2003 90089 033 ****50.00
L02000010988

FILED
2003 AUG 22 AM 11:29
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000010988

1. Entity Name
CORAZON DIAGNOSTICS, LLC

Principal Place of Business	Mailing Address
3340 TAMIAMI TRAIL PORT CHARLOTTE, FL 33952	3340 TAMIAMI TRAIL PORT CHARLOTTE, FL 33952

55054983

[redacted]

2. Principal Place of Business	3. Mailing Address
3280 Tamiami Trail	P.O. Box 495120
Suite, Apt. #, etc. 443	Suite, Apt. #, etc.
City & State	City & State Pt Charlotte Fl.
Zip 33952 Country USA	Zip 33949 Country USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WOLITZKY, HAL F ESQ
223 TAYLOR ST.
PUNTA GORDA, FL 33950

7. Name and Address of New Registered Agent

Name Terence P. Connelly M.D.
Street Address (P.O. Box Number is Not Acceptable) 3340 Tamiami Trail
City Pt. Charlotte FL Zip Code 33952

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] DATE 8/21/03

Make Check Payable to Florida Department of State. Report Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE MGR NAME Mario J Lopez MD STREET ADDRESS 3340 Tamiami Trail CITY-ST-ZIP Pt Charlotte Fl 33952	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE MGR NAME Terence P. Connelly M.D. STREET ADDRESS (same)	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE MGR NAME Sergio J Cossu MD STREET ADDRESS (same)	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE MGR NAME Ricardo R. Martinez, MD STREET ADDRESS (same)	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE MGR NAME Raymond N. Vdullo M.D STREET ADDRESS (same)	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (10/02)

11. I hereby certify that the information supplied with this filing does not qualify 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 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] 8/21/03 941-764-5858

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #