

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000034576

**FILED**  
**Mar 09, 2010**  
**Secretary of State**

**Entity Name:** FLORIDA CARDIOVASCULAR TECHNOLOGIES, LLC

**Current Principal Place of Business:**

14560 GRANDE CAY CIRCLE  
2310  
FT MYERS, FL 33908

**New Principal Place of Business:**

**Current Mailing Address:**

14560 GRANDE CAY CIRCLE  
2310  
FT MYERS, FL 33908

**New Mailing Address:**

**FEI Number:** 09-9386223

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KIN, NILES A  
14560 GRANDE CAY CIRCLE  
2310  
FORT MYERS, FL 33908 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:** MGRM  
**Name:** KIN, NILES A  
**Address:** 14560 GRANDE CAY CIRCLE #2310  
**City-St-Zip:** FT MYERS, FL 33908

**Title:** MAN  
**Name:** KIN, JEAN B  
**Address:** 14560 GRANDE CAY CIRCLE #2310  
**City-St-Zip:** FT MYERS, FL 33908

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 Statutes.

**SIGNATURE:** NILES A KIN

MGRM

03/09/2010

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