2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2005
Secretary of State

DOCUMENT# L03000001605

Entity Name: CARDIO COMBOS, LLC

Current Principal Place of Business:

C/O MICHAEL H. KRUL
200 E. BROWARD BLVD., STE. 1500
FT LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

C/O MICHAEL H. KRUL
200 E. BROWARD BLVD., STE. 1500
FT LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KRUL, MICHAEL K
200 E. BROWARD BLVD., STE. 1500
FT LAUDERDALE, FL 33301 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/MEMBERS:

Title:	MGRM	( ) Delete
Name:	RUDEN MCCLOSKY SMITH, SCHUSTER & RU S SELL, P	
Address:	200 E. BROWARD BLVD., SUITE 1500	
City-St-Zip:	FT. LAUDERDALE, FL 33301 US	
Title:	MGRM	( ) Delete
Name:	KARL, MITCHELL M.D.	
Address:	880 N.W. 13TH STREET, #1B	
City-St-Zip:	BOCA RATON, FL 33486 US	

ADDITIONS/CHANGES:

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 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 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: MICHAEL KRUL, VP OF RUDEN MCCLOSKY MGRM 04/11/2005

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