

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000001605

Entity Name: CARDIO COMBOS, LLC

FILED
Feb 10, 2009
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

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 H
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/MANAGERS:

Title: MGRM () Delete
Name: RUDEN MCCLOSKEY 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 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: MITCHELL KARL, M.D. MGRM 02/10/2009

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