

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000037293

FILED  
May 05, 2006  
Secretary of State

**Entity Name:** MARTIN CARDIOVASCULAR DIAGNOSTICS, LLC

**Current Principal Place of Business:**

1001 SE MONTEREY COMMONS BLVD.  
STUART, FL 34996

**New Principal Place of Business:**

314 SE HOSPITAL AVE  
STUART, FL 34994

**Current Mailing Address:**

1001 SE MONTEREY COMMONS BLVD.  
STUART, FL 34996

**New Mailing Address:**

314 SE HOSPITAL AVE  
STUART, FL 34994

FEI Number: 32-0095861      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

KANCILIA, JOHN R ESQ  
C/O GRAY, HARRIS & ROBINSON, P.A.  
1800 WEST HIBISCUS BOULEVARD, SUITE 138  
MELBOURNE, FL 32901 US

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 ( ) Delete  
Name: FERGUSON, LINDA L  
Address: 1001 SE MONTEREY COMMONS BLVD  
City-St-Zip: STUART, FL 34996

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: FERGUSON, LINDA L  
Address: 314 SE HOSPITAL AVE  
City-St-Zip: STUART, FL 34994

I hereby certify that the information supplied with this filing does not qualify for the 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: LINDA L FERGUSON

MGR

05/05/2006

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