

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 08, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000037293

1. Entity Name
MARTIN CARDIOVASCULAR DIAGNOSTICS, LLC



Principal Place of Business
**314 SE HOSPITAL AVE
STUART, FL 34994**

Mailing Address
**314 SE HOSPITAL AVE
STUART, FL 34994**



03202008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
32-0095861

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SYMONDS, DEW
314 SE HOSPITAL AVE
STUART, FL 34994**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000350252
06/03/08-00001-004 138.75

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Dew Symonds **Dew Symonds** 4/22/08 (772) 201-2006