2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 27, 2009
Secretary of State

DOCUMENT# L04000019277

Entity Name: ADVANCED CARDIAC MANAGEMENT, LLC

Current Principal Place of Business:

3450 E. FLETCHER AVENUE, SUITE 110
TAMPA, FL 33613

New Principal Place of Business:

3000 MEDICAL PARK DR
500
TAMPA, FL 33613 US

Current Mailing Address:

3450 E. FLETCHER AVENUE, SUITE 110
TAMPA, FL 33613

New Mailing Address:

3000 MEDICAL PARK DR
500
TAMPA, FL 33613 US

FEI Number: 30-0239905 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AYLWARD, ROBERT E
600 S. MAGNOLIA AVENUE
SUITE 100
TAMPA, FL 33606 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: KLEIN, KEVIN L DR.
Address: 3450 E. FLETCHER AVE. #110
City-St-Zip: TAMPA, FL 33613 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: KLEIN, KEVIN L DR.
Address: 3000 MEDICAL PARK DR, SUITE 500
City-St-Zip: TAMPA, FL 33613 US

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: KEVIN L KLEIN MGRM 01/27/2009

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