

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000035029

FILED
Apr 28, 2006
Secretary of State

Entity Name: NAPLES INTERVENTIONAL CARDIAC ELECTROPHYSIOLOGY, L.L.C.

Current Principal Place of Business:

311 TAMIAMI TRAIL NORTH
SUITE 201
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

311 TAMIAMI TRAIL NORTH
SUITE 201
NAPLES, FL 34102

New Mailing Address:

FEI Number: 20-1095753

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PLUNKITT, KENNETH
562 WHISPERING PINE LANE
NAPLES, FL 34103 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: NAPLES ELECTROPHYSIO, LOGY CONSULTANTS, P.A.
Address: 562 WHISPERING PINE LANE
City-St-Zip: NAPLES, FL 34103

Title: MGRM () Delete
Name: A. SINAN GURSOY, M.D., P.A.
Address: 405 SEAGROVE LANE #202
City-St-Zip: NAPLES, FL 34110

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: A. SINAN GURSOY, M.D., P.A.

MGRM

04/28/2006

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