2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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Secretary of State

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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:

GURSOY, SINAN
405 SEAGROVE LANE
NAPLES, FL 34110 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
Name: NAPLES INTERVENTIONAL CARDIAC ELECTROPHYSI
Address: 311 TAMIAMI TRAIL NORTH SUITE 201
City-St-Zip: NAPLES, FL 34102

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

I hereby 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 Statues.

SIGNATURE: SINAN GURSOY M.D. MGRM 04/19/2011

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