2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000071752

Mar 26, 2009 Secretary of State

FILED

Entity Name: CARDIOVASCULAR CONSULTANTS OF ST. AUGUSTINE, P.L.

Current Principal Place of Business: New Principal Place of Business:

397 PALM COAST PARKWAY SW UNIT 2 PALM COAST, FL 32137 US

Current Mailing Address: New Mailing Address:

397 PALM COAST PARKWAY SW 3501B NORTH PONCE DELEON BOULEVARD

UNIT 2 PMB 392

PALM COAST, FL 32137 US ST. AUGUSTINE, FL 32084 US

FEI Number: 20-1708918 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CONTEGA BUSINESS SERVICES, LLC
554 LOMAX STREET

JACKSONVILLE, FL 32204 US

CONTEGA BUSINESS SERVICES, LLC
ONE INDEPENDENT DRIVE
SUITE 1200

JACKSONVILLE, FL 32204 03 JACKSONVILLE, FL 32202 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: G. RAY DRIVER, JR., P 03/26/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: MGR (X) Change () Addition

Name: TUTAR, ALI MD Name: TUTAR, ALI MD Address: 397 PALM COAST PARKWAY SW UNIT 2 Address: 960 OXFORD DRIVE

City-St-Zip: PALM COAST, FL 32137 US City-St-Zip: ST. AUGUSTINE, FL 32084 US

Title: MGR () Delete Title: MGR (X) Change () Addition Name: MCGLOCKING, TRACI Name: MCGLOCKING, TRACI

Address: 397 PALM COAST PARKWAY SW UNIT 2 Address: 1 PRINCE ANTHONY LANE
City-St-Zip: PALM COAST, FL 32137 US City-St-Zip: PALM COAST, FL 32164 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: TRACY MCGLOCKING MGR 03/26/2009