

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000083471

FILED
Jan 20, 2009
Secretary of State

Entity Name: ZEPHYRHILLS CARDIOVASCULAR LAB, LLC

Current Principal Place of Business:

37914 DAUGHTERY RD
ZEPHYRHILLS, FL 33541 US

New Principal Place of Business:

6833 MEDICAL VIEW LANE
ZEPHYRHILLS, FL 33542 US

Current Mailing Address:

37914 DAUGHTERY RD
ZEPHYRHILLS, FL 33541 US

New Mailing Address:

FEI Number: 20-1895861 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KHAN, WALI U MD
37914 DAUGHTERY RD
ZEPHYRHILLS, FL 33541 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: MGR () Delete
Name: KHAN, WALI U MD
Address: 37914 DAUGHTERY RD
City-St-Zip: ZEPHYRHILLS, FL 33542 US

Title: MGRM () Delete
Name: TUN, AUNG MD
Address: 37914 DAUGHTERY RD
City-St-Zip: TAMPA, FL 33647 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: TUN, AUNG MD
Address: 6833 MEDICAL VIEW LANE
City-St-Zip: ZEPHYRHILLS, FL 33542 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: WALI U KHAN

MD

01/20/2009

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