

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000084731

Entity Name: ARIA CARDIO MEDICAL,LLC

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

3401 WEST WATERS AVE  
TAMPA, FL 33614

**New Principal Place of Business:**

**Current Mailing Address:**

3401 WEST WATERS AVE  
TAMPA, FL 33614

**New Mailing Address:**

FEI Number: 20-1914302

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RELIANCE CONSULTING,LLC  
3105 W. WATERS AVE  
SUITE#105  
TAMPA, FL 33614 US

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

FAGHIH, DEAN F  
3401 W. WATERS AVE  
TAMPA, FL 33614 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: F.DEAN FAGHIH

04/29/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: FAGHIH, F DEAN  
Address: 13525 BAY LAKE LN  
City-St-Zip: TAMPA, FL 33618

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 Statutes.

SIGNATURE: F.DEAN FAGHIH

MGR

04/29/2010

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