

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000044897

FILED
Feb 28, 2011
Secretary of State

Entity Name: ARRHYTHMIA SYNCOPE CONSULTANTS, L.L.C.

Current Principal Place of Business:

MERCY HOSPITAL, BAYSIDE PAVILION, 2ND FLOOR
3641 S. MIAMI AVE.
MIAMI, FL 33133

New Principal Place of Business:

Current Mailing Address:

MERCY HOSPITAL, BAYSIDE PAVILION, 2ND FLOOR
3641 S. MIAMI AVE.
MIAMI, FL 33133

New Mailing Address:

FEI Number: 20-4821289

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INTERIAN, ALBERTO M.D.
MERCY HOSPITAL, BAYSIDE PAVILION, 2ND FLOOR
3641 S. MIAMI AVE.
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

GARCIA, PETER V M.D.
MERCY HOSPITAL, BAYSIDE PAVILION, 2ND FLOOR
3641 S. MIAMI AVE.
MIAMI, FL 33133 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: PETER V GARCIA

02/28/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: INTERIAN, ALBERTO M.D.
Address: MERCY HOSPITAL, BAYSIDE PAVILION, 2ND FLOOR
City-St-Zip: MIAMI, FL 33133

Title: MGRM
Name: GARCIA, PETER V MD
Address: MERCY HOSPITAL, BAYSIDE PAVILION, 2ND FLOOR
City-St-Zip: MIAMI, FL 33133

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: PETER V GARCIA

MGRM

02/28/2011

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