

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000106628

**FILED**  
**Apr 28, 2010**  
**Secretary of State**

**Entity Name:** SOUTH FLORIDA CARDIOTHORACIC AND VASCULAR SURGERY, P.L.

**Current Principal Place of Business:**

5210 LINTON BLVD  
SUITE 301  
DELRAY BEACH, FL 33484

**New Principal Place of Business:**

**Current Mailing Address:**

940 SE 9TH ST  
FT. LAUDERDALE, FL 33316

**New Mailing Address:**

604 BOCA MARINA CT.  
BOCA RATON, FL 33487

**FEI Number:** 20-5920634

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COEL & WARREN, P.L.  
1900 GLADES ROAD  
SUITE 350  
BOCA RATON, FL 33431 US

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

CARTLEDGE, RICHARD  
5210 LINTON BLVD  
SUITE 301  
DELRAY BEACH, FL 33484 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: RICHARD CARTLEDGE

04/28/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: CARTLEDGE, RICHARD G MD  
Address: 604 BOCA MARINA CT.  
City-St-Zip: BOCA RATON, FL 33487 US

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: RICHARD CARTLEDGE MD

MGR

04/28/2010

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