

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000118612

FILED
Feb 01, 2012
Secretary of State

Entity Name: CARDIOLOGY CARE INVESTORS, LLC

Current Principal Place of Business:

635 EICHENFELD DRIVE
BRANDON, FL 33511

New Principal Place of Business:

Current Mailing Address:

635 EICHENFELD DRIVE
BRANDON, FL 33511

New Mailing Address:

FEI Number: 20-8040080

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

F & L CORP.
ONE INDEPENDENT DRIVE, SUITE 1300
JACKSONVILLE, FL 32202 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: P
Name: KHANT, RANCHOD MD
Address: 635 EICHENFELD DR
City-St-Zip: BRANDON, FL 33511

Title: T
Name: CHOKSHI, SAUIABH MD
Address: 635 EICHENFELD DR
City-St-Zip: BRANDON, FL 33511

Title: S
Name: MESTER, STEPHEN MD
Address: 635 EICHENFELD DR
City-St-Zip: BRANDON, FL 33511

Title: VP
Name: TAMBOLI, HOSHEDAIR
Address: 635 EICHENFELD DR
City-St-Zip: BRANDON, FL 33511

Title: VP
Name: BETZU, ROBERT MD
Address: 635 EICHENFELD DR
City-St-Zip: BRANDON, FL 33511

Title: VP
Name: BUGNI, WILLIAM J MD
Address: 635 EICHENFELD DRIVE
City-St-Zip: BRANDON, FL 33511

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: RANCHHOD N KHANT

P

02/01/2012

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