

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000041621

FILED
Apr 30, 2008
Secretary of State

Entity Name: ANGIOGRAPHY CENTER OF FLORIDA, LLC

Current Principal Place of Business:

1209 S. TAMIAMI TRAIL
SARASOTA, FL 34239

New Principal Place of Business:

2540 S TAMIAMI TRAIL
SARASOTA, FL 34239

Current Mailing Address:

1209 S. TAMIAMI TRAIL
SARASOTA, FL 34239

New Mailing Address:

2540 S TAMIAMI TRAIL
SARASOTA, FL 34239

FEI Number: 20-8914491

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MYERS, GENE E MD
1209 S. TAMIAMI TRAIL
SARASOTA, FL 34239 US

Name and Address of New Registered Agent:

MYERS, GENE E MD
2540 S TAMIAMI TRAIL
SARASOTA, FL 34239 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:

04/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MYERS, GENE E MD
Address: 1209 S. TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34239 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MYERS, GENE E MD
Address: 2540 S TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34239 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: GENE MYERS

MGR

04/30/2008

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