## 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000058530

Entity Name: CARDIOVASCULAR IMAGING, LLC.

FILED Feb 17, 2012 Secretary of State

Current Principal Place of Busi	ness: New	Principal Place of Bus	siness:
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4471 AMBERLY OAKS CT TAMPA, FL 33614 US

Current Mailing Address: New Mailing Address:

4471 AMBERLY OAKS CT TAMPA, FL 33614 US

FEI Number: 26-0291870 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

SCHROEDER, ELLIOT 4471 AMBERLY OAKS CT 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:

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGRM

Name: SCHROEDER, ELLIOT Address: 4471 AMBERLY OAKS CT City-St-Zip: TAMPA, FL 33614 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 Statues.

SIGNATURE: ELLIOT SCHROEDER MGRM 02/17/2012