

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000074022

FILED  
Jan 16, 2009  
Secretary of State

Entity Name: NAPLES CATH VENTURES, LLC

**Current Principal Place of Business:**

311 9TH STREET NORTH  
SUITE 300  
NAPLES, FL 34102 US

**New Principal Place of Business:**

**Current Mailing Address:**

311 9TH STREET NORTH  
SUITE 300  
NAPLES, FL 34102 US

**New Mailing Address:**

FEI Number: 26-0574230

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

BLALOCK, WALTERS, HELD & JOHNSON, P.A.  
802 11TH STREET WEST  
BRADENTON, FL 342057734 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: MGR ( ) Delete  
Name: LEVINE, RONALD L M.D.  
Address: 680 2ND AVENUE NORTH, SUITE 304  
City-St-Zip: NAPLES, FL 34102 US

Title: MGR ( ) Delete  
Name: JAVIER, JULIAN J M.D.  
Address: 680 2ND AVENUE NORTH, SUITE 203  
City-St-Zip: NAPLES, FL 34102 US

Title: MGR (X) Delete  
Name: BOUCEK, FRANCIS C M.D.  
Address: 800 GOODLETTE ROAD N, #340  
City-St-Zip: NAPLES, FL 34102 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: BOUCEK, FRANCIS C M.D.  
Address: 800 GOODLETTE RD NORTH #340  
City-St-Zip: NAPLES, FL 34102 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: TERRI A. MOAK

ACCT

01/16/2009

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