

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000094093

FILED
Apr 30, 2008
Secretary of State

Entity Name: FLORIDA INSTITUTE FOR ANGIOGRAPHY, LLC

Current Principal Place of Business:

2540 S. TAMIAMI TRAIL
SARASOTA, FL 34239

New Principal Place of Business:

Current Mailing Address:

2540 S. TAMIAMI TRAIL
SARASOTA, FL 34239

New Mailing Address:

FEI Number: 26-0886869 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FILSON, RICHARD A
FILSON & PENGE, P.A.
2727 SOUTH TAMIAMI TRAIL, STE. 2
SARASOTA, FL 34239 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: MYERS, GENE E
Address: 2540 S. TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34239

Title: MGRM () Delete
Name: MYERS, SUSANNE
Address: 2540 S. TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34239

ADDITIONS/CHANGES:

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: SUSANNE MYERS

MGRM

04/30/2008

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