2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 08, 2008
Secretary of State

DOCUMENT# L07000111430

Entity Name: FLORIDA CARDIOVASCULAR DIAGNOSTIC SERVICES LLC

Current Principal Place of Business:

605 N WASHINGTON AVENUE
100
TITUSVILLE, FL 32796

New Principal Place of Business:

Current Mailing Address:

605 N WASHINGTON AVENUE
100
TITUSVILLE, FL 32796

New Mailing Address:

FEI Number: 11-3827639 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REISIGER, PATRICIA L
605 N WASHINGTON AVENUE
100
TITUSVILLE, FL 32796 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:	MODY, NARESH V	
Address:	605 N WASHINGTON AVENUE #100	
City-St-Zip:	TITUSVILLE, FL 32796	
Title:	MGR	( ) Delete
Name:	MATHEWS, BIJU T	
Address:	605 N WASHINGTON AVENUE #100	
City-St-Zip:	TITUSVILLE, FL 32796	
Title:	MGR	( ) Delete
Name:	REISIGER, PATRICIA L	
Address:	605 N WASHINGTON AVENUE #100	
City-St-Zip:	TITUSVILLE, FL 32796	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: P REISIGER MGR 01/08/2008

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