

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000111430

**FILED**  
**Mar 04, 2010**  
**Secretary of State**

**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  
Name: MODY, NARESH V  
Address: 605 N WASHINGTON AVENUE #100  
City-St-Zip: TITUSVILLE, FL 32796

Title: MGR  
Name: MATHEWS, BIJU T  
Address: 605 N WASHINGTON AVENUE #100  
City-St-Zip: TITUSVILLE, FL 32796

Title: MGR  
Name: REISIGER, PATRICIA L  
Address: 605 N WASHINGTON AVENUE #100  
City-St-Zip: TITUSVILLE, FL 32796

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 Statutes.

SIGNATURE: PATRICIA L REISIGER

MGR

03/04/2010

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