

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000007431

**FILED**  
**Mar 15, 2011**  
**Secretary of State**

**Entity Name:** NATIVE CARDIOVASCULAR, LLC

**Current Principal Place of Business:**

840 111TH AVENUE NORTH, SUITE 7  
NAPLES, FL 34108

**New Principal Place of Business:**

**Current Mailing Address:**

840 111TH AVENUE NORTH, SUITE 7  
NAPLES, FL 34108

**New Mailing Address:**

**FEI Number:** 11-3395876

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PERGOLIZZI, JOSEPH V JR.  
840 111TH AVENUE NORTH, SUITE 7  
NAPLES, FL 34108 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:** MGRM  
**Name:** PERGOLIZZI, JOSEPH V JR.  
**Address:** 840 111TH AVENUE NORTH, SUITE 7  
**City-St-Zip:** NAPLES, FL 34108

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: JOSEPH V. PERGOLIZZI, JR.

MGRM

03/15/2011

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