

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000017209

FILED
Jan 14, 2009
Secretary of State

Entity Name: CARDIOVASCULAR DISEASE ASSESSMENT AND PREVENTION CENTER, PLLC

Current Principal Place of Business:

1851 ARLINGTON STREET, SUITE 206
SARASOTA, FL 34239

New Principal Place of Business:

Current Mailing Address:

1851 ARLINGTON STREET, SUITE 206
SARASOTA, FL 34239

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

EL SHAHAWY, MAHFOUZ
1851 ARLINGTON STREET, SUITE 206
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: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: EL SHAHAWY, MAHFOUZ MGRM
Address: 312 BIRD KEY DRIVE
City-St-Zip: SARASOTA, FL 34236

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: MAHFOUZ EL SHAHAWY MGRM 01/14/2009

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