

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000019129

FILED
Mar 19, 2009
Secretary of State

Entity Name: CARDIOTHORACIC-TRINIDAD, L.L.C.

Current Principal Place of Business:

1601 SOUTH APOLLO BOULEVARD
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

1601 SOUTH APOLLO BOULEVARD
MELBOURNE, FL 32901

New Mailing Address:

FEI Number: 26-1868803

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOYD, JOEL E
360 NORTH BABCOCK STREET, SUITE 104
MELBOURNE, FL 32935 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:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: MENDES, JUDITH
Address: 1601 S APOLLO BLVD
City-St-Zip: MELBOURNE, FL 32901 US

Title: MGR () Change (X) Addition
Name: MENDES, ORMOND C
Address: 1601 S APOLLO BLVD
City-St-Zip: MELBOURNE, FL 32901 US

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: JUDITH MENDES

MGR

03/19/2009

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