

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000032884

FILED
Apr 03, 2009
Secretary of State

Entity Name: HALIFAX CARDIOLOGY MANAGEMENT COMPANY, LLC

Current Principal Place of Business:

444 SEABREEZE BOULEVARD, SUITE 200
DAYTONA BEACH, FL 32118

New Principal Place of Business:

311 N. CLYDE MORRIS BLVD.
SUITE 440
DAYTONA BEACH, FL 32114

Current Mailing Address:

444 SEABREEZE BOULEVARD, SUITE 200
DAYTONA BEACH, FL 32118

New Mailing Address:

311 N. CLYDE MORRIS BLVD.
SUITE 440
DAYTONA BEACH, FL 32114

FEI Number: 26-2323899

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GORNT0, L.A. JR, ESQ
444 SEABREEZE BOULEVARD, SUITE 200
DAYTONA BEACH, FL 32118 US

Name and Address of New Registered Agent:

WILLIAMS, DAVID M.D.
311N. CLYDE MORRIS BLVD.
SUITE 440
DAYTONA BEACH, FL 32114 US

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: DAVID WILLIAMS M.D.

04/03/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

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

ADDITIONS/CHANGES:

Title: PT () Change (X) Addition
Name: WILLIAMS, DAVID L M.D.
Address: 311 N. CLYDE MORRIS BLVD.
City-St-Zip: DAYTONA BEACH, FL 32114 US

Title: V () Change (X) Addition
Name: WILSON, VANCE M.D.
Address: 311N. CLYDE MORRIS BLVD.
City-St-Zip: DAYTONA BEACH, FL 32114 US

Title: S () Change (X) Addition
Name: JAMIDAR, HUMAYAN M.D.
Address: 311 N. CLYDE MORRIS BLVD.
City-St-Zip: DAYTONA BEACH, FL 32114 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: DAVID WILLIAMS

PT

04/03/2009

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