

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000032884

FILED
Mar 30, 2010
Secretary of State

Entity Name: HALIFAX CARDIOLOGY MANAGEMENT COMPANY, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 26-2323899

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILLIAMS, DAVID M.D.
311N. CLYDE MORRIS BLVD.
SUITE 440
DAYTONA BEACH, FL 32114 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: PT
Name: WILLIAMS, DAVID L M.D.
Address: 311 N. CLYDE MORRIS BLVD.
City-St-Zip: DAYTONA BEACH, FL 32114 US

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

Title: S
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 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

PRES

03/30/2010

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