

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000043119

**FILED**  
**Mar 31, 2010**  
**Secretary of State**

**Entity Name:** CARDIOLOGY & VASCULAR CARE CENTER, LLC

**Current Principal Place of Business:**

3524 TAMIAMI TRAIL  
SUITE 106  
PORT CHARLOTTE, FL 33952

**New Principal Place of Business:**

3524 TAMIAMI TRAIL  
SUITE 106  
PORT CHARLOTTE, FL 33952 US

**Current Mailing Address:**

3524 TAMIAMI TRAIL  
SUITE 106  
PORT CHARLOTTE, FL 33952

**New Mailing Address:**

168 CROOP LN SE  
PORT CHARLOTTE, FL 33952 US

**FEI Number:** 26-2527485

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

PATEL, CHITTARANJAN  
168 CROOP LANE  
PORT CHARLOTTE, FL 33952 US

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

PATEL, CHITTARANJAN K AGENT  
168 CROOP LANE  
PORT CHARLOTTE, FL 33952 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: CHITTARANJAN PATEL

03/31/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: PATEL, HIREN K  
Address: 168 CROOP LN SE  
City-St-Zip: PORT CHARLOTTE, FL 33952 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: HIREN PATEL

MGR

03/31/2010

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