2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# L08000071143

Entity Name: PALM COAST CARIOVASCULAR INSTITUTE, P.L.

Current Principal Place of Business:

19 OLD KINGS ROAD NORTH, SUITE 106
PALM COAST, FL 32137

New Principal Place of Business:

19 OLD KINGS ROAD NORTH,
SUITE C106
PALM COAST, FL 32137

Current Mailing Address:

P.O. BOX 351959
PALM COAST, FL 32135

New Mailing Address:

19 OLD KINGS ROAD NORTH,
SUITE C106
PALM COAST, FL 32137

FEI Number: 26-3046802 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARINI, DOMENIC M.D.
19 OLD KINGS ROAD NORTH, SUITE 106
PALM COAST, FL 32137 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: MR. ( ) Change (X) Addition
Name: MARINI, DOMENIC
Address: 19 OLD KINGS ROAD, SUITE C106
City-St-Zip: PALM COAST, FL 32137

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: DOMENIC MARINI DR. 04/28/2009

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