2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2010
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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:

MARINI, DOMENIC M.D.
19 OLD KINGS ROAD NORTH, SUITE C106
PALM COAST, FL 32137 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: 02/27/2010

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MR.
Name: MARINI, DOMENIC
Address: 19 OLD KINGS ROAD, SUITE C106
City-St-Zip: PALM COAST, FL 32137

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 Statues.

SIGNATURE: DOMENIC MARINI DR. 02/27/2010

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