

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000105754

**FILED**  
**Apr 18, 2011**  
**Secretary of State**

**Entity Name:** CARDIOLOGY CONSULTANTS OF NAPLES, LLC

**Current Principal Place of Business:**

6101 PINE RIDGE ROAD  
NAPLES, FL 34119

**New Principal Place of Business:**

6101 PINE RIDGE ROAD  
SUITE 302  
NAPLES, FL 34119

**Current Mailing Address:**

PO BOX 1568  
BONITA SPRINGS, FL 34133

**New Mailing Address:**

**FEI Number:** 26-3540855

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DALAO, MHD MOUHANNAD  
6101 PINE RIDGE ROAD  
NAPLES, FL 34119 US

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

ZAIM, LOUJIN  
6101 PINE RIDGE ROAD  
NAPLES, FL 34119 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: LOUJIN ZAIM

04/18/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: DALAO, MHD MOUHANNAD  
Address: 6101 PINE RIDGE ROAD  
City-St-Zip: NAPLES, FL 34119

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: MOUHANNAD DALAO

MGRM

04/18/2011

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