

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000017497

**FILED**  
**Apr 17, 2010**  
**Secretary of State**

**Entity Name:** JURKOVICH INTERVENTIONAL CARDIOLOGY PLLC

**Current Principal Place of Business:**

2301 N. UNIVERSITY DR  
SUITE 204  
PEMBROKE PINES, FL 33024 US

**New Principal Place of Business:**

**Current Mailing Address:**

2301 N. UNIVERSITY DR  
SUITE 204  
PEMBROKE PINES, FL 33024 US

**New Mailing Address:**

PO BOX 14816  
FORT LAUDERDALE, FL 33302 US

**FEI Number:** 26-2411895

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JURKOVICH, DAVID  
2301 N. UNIVERSITY DR  
SUITE 204  
PEMBROKE PINES, FL 33024 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: MGRM  
Name: JURKOVICH, DAVID  
Address: 2301 N. UNIVERSITY DR SUITE 204  
City-St-Zip: PEMBROKE PINES, FL 33024 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 JURKOVICH

MGRM

04/17/2010

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