

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000055463

**FILED**  
**Jul 19, 2010**  
**Secretary of State**

**Entity Name:** INVASIVE CARDIOLOGY, L.L.C.

**Current Principal Place of Business:**

8005 BAY STREET  
SUITE 4  
SEBASTIAN, FL 32958

**New Principal Place of Business:**

**Current Mailing Address:**

8005 BAY STREET  
SUITE 4  
SEBASTIAN, FL 32958

**New Mailing Address:**

**FEI Number:** 27-0327291

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WEALTH MANAGEMENT SYSTEMS  
701 SEBASTIAN BLVD.  
SUITE E  
SEBASTIAN, FL FL 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:** CELLINI, ALDINO G  
**Address:** 3904 PEACOCK DRIVE  
**City-St-Zip:** WEST MELBOURNE, FL 32904

**Title:** MGRM  
**Name:** CELLINI, CAMILLE C  
**Address:** 3904 PEACOCK DRIVE  
**City-St-Zip:** WEST MELBOURNE, FL 32904

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:** CAMILLE CELLINI

MGRM

07/19/2010

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