

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000101889

FILED
Feb 03, 2011
Secretary of State

Entity Name: CARDIOLOGY PARTNERS CLINICAL RESEARCH INSTITUTE, LLC

Current Principal Place of Business:

3347 STATE ROAD 7
203
WELLINGTON, FL 33449

New Principal Place of Business:

Current Mailing Address:

3347 STATE ROAD 7
203
WELLINGTON, FL 33449

New Mailing Address:

FEI Number: 80-0495283

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DALTON, WILLIAM COO
3347 SATTE ROAD 7
SUITE 203
WELLINGTON, FL 33449 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: VENUGOPAL, CHANDRA MD
Address: 3347 STATE ROAD 7, SUITE 203
City-St-Zip: WELLINGTON, FL 33449 US

Title: MGRM
Name: JEAN, FOUCAULD MD
Address: 3347 STATE ROAD 7, SUITE 203
City-St-Zip: WELLINGTON, FL 33449 US

Title: MGRM
Name: VEDERE, AMARNATH MD
Address: 3347 STATE ROAD 7, SUITE 203
City-St-Zip: WELLINGTON, FL 33449 US

Title: MGRM
Name: SHAH, NEERAV MD
Address: 3347 STATE ROAD 7, SUITE 203
City-St-Zip: WELLINGTON, FL 33449 US

Title: MGRM
Name: MELHADO, MAURICIO E MD
Address: 3347 STATE ROAD 7, SUITE 203
City-St-Zip: WELLINGTON, FL 33449 US

Title: MGRM
Name: HERNANDEZ, ELIEZER MD
Address: 3347 STATE ROAD 7, SUITE 023
City-St-Zip: WELLINGTON, FL 33449 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: WILLIAM DALTON

COO

02/03/2011

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