

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000100677

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** CARDIOLOGY WORKS, LLC

**Current Principal Place of Business:**

6701 COLLINS AVE  
NORMANDY ROOM  
MIAMI BEACH, FL 33141

**New Principal Place of Business:**

6701 COLLINS AVE  
MIAMI BEACH, FL 33141

**Current Mailing Address:**

6701 COLLINS AVE  
NORMANDY ROOM  
MIAMI BEACH, FL 33141

**New Mailing Address:**

6701 COLLINS AVE  
MIAMI BEACH, FL 33141

**FEI Number:** 45-3216905

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ZARITSKY, LOUIS O  
2915 BISCAYNE BLVD STE 300  
MIAMI, FL 33137 US

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

ZARETSKY, LOUIS D  
2915 BISCAYNE BLVD STE 300  
MIAMI, FL 33137 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: LOUIS D. ZARETSKY

04/30/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: HEALTH MANAGEMENT ADVISORS, LLC  
Address: 6701 COLLINS AVE  
City-St-Zip: MIAMI BEACH, FL 33141

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: BELINDA MERUELO

P

04/30/2012

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