2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# M07000001512

Entity Name: THE CARDIOVASCULAR INSTITUTE, LLC

Current Principal Place of Business:

483 N. SEMORAN BLVD
SUITE 205
WINTER PARK, FL 32792

New Principal Place of Business:

Current Mailing Address:

483 N. SEMORAN BLVD
SUITE 205
WINTER PARK, FL 32792

New Mailing Address:

FEI Number: 20-8398585 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MINER, ROBERT
483 N. SEMORAN BLVD
SUITE 205
WINTER PARK, FL 32792 US

Name and Address of New Registered Agent:

KIRWAN, ADAM O
390 NORTH ORANGE AVENUE
SUITE 2300
ORLANDO, FL 32801 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: ADAM O. KIRWAN 04/29/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: MINER, ROBERT
Address: 483 N. SEMORAN BLVD, SUITE 205
City-St-Zip: WINTER PARK, FL 32792

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: HEALTH CARE SERVICES OF FLORIDA, LLC
Address: 483 N. SEMORAN BLVD, SUITE 205
City-St-Zip: WINTER PARK, FL 32792

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: DARRELL BENGE CFO 04/29/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date