

2011 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A10000000582

FILED
Apr 20, 2011
Secretary of State

Entity Name: CARDIO-THORACIC SURGICAL INSTITUTE OF SOUTH FLORIDA, LLLP

Current Principal Place of Business:

5601 NORTH DIXIE HIGHWAY - SUITE 209
FORT LAUDERDALE, FL 33334

New Principal Place of Business:

Current Mailing Address:

5601 NORTH DIXIE HIGHWAY - SUITE 209
FORT LAUDERDALE, FL 33334

New Mailing Address:

FEI Number: 27-3582564

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREEN, MITCHELL F
4000 HOLLYWOOD BLVD., SUITE 485S
HOLLYWOOD, FL 33021 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

GENERAL PARTNER INFORMATION:

Document #: L03000006362
Name: IRVING DAVID, M.D., P.L.
Address: 5601 NORTH DIXIE HIGHWAY - SUITE 209
City-St-Zip: FORT LAUDERDALE, FL 33334

ADDRESS CHANGES ONLY:

Address:
City-St-Zip:

Document #: P01000019417
Name: STUART L. BOE, M.D., P.A.
Address: 5601 NORTH DIXIE HIGHWAY - SUITE 209
City-St-Zip: FORT LAUDERDALE, FL 33334

Address:
City-St-Zip:

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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: IRVING DAVID

_____ Electronic Signature of Signing General Partner

04/20/2011

_____ Date