

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000084219

FILED  
May 01, 2008  
Secretary of State

Entity Name: CARDIOVASCULAR CENTER OF MIAMI, LLC

**Current Principal Place of Business:**

10020 SW 40TH STREET  
MIAMI, FL 33165

**New Principal Place of Business:**

**Current Mailing Address:**

10020 SW 40TH STREET  
MIAMI, FL 33165

**New Mailing Address:**

FEI Number: 26-0688593      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

SOTO, ANTONIO J III  
8500 WEST FLAGLER STREET, STE A-105  
MIAMI, FL 331442054 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: MGR      ( ) Delete  
Name: CUELLO, JORGE L M.D.  
Address: 1260 MARILA COURT  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR      ( ) Delete  
Name: GALVEZ, ROGER M.D.  
Address: 6240 SW 85 AVENUE  
City-St-Zip: MIAMI, FL 33143

Title: MGR      ( ) Delete  
Name: ALMANZI, ORLANDO V M.D.  
Address: 6240 SW 85 AVENUE  
City-St-Zip: MIAMI, FL 33143

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JORGE L. CUELLO

MGR

05/01/2008

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