

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000084219

**FILED**  
**Apr 23, 2010**  
**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:**

6200 S.W. 72ND STREET  
401  
SOUTH MIAMI, FL 33143

**Current Mailing Address:**

10020 SW 40TH STREET  
MIAMI, FL 33165

**New Mailing Address:**

6200 S.W. 72ND STREET  
401  
SOUTH MIAMI, FL 33143

**FEI Number:** 26-0688593

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

THE BOUCUGNANI GROUP, LLC  
7355 SW 89 STREET, UNIT 602N  
MIAMI, FL 33156 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  
Name: CUELLO, JORGE L M.D.  
Address: 1260 MARILA COURT  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR  
Name: ALMANZA, ORLANDO V M.D.  
Address: 10921 SW 93 AVE.  
City-St-Zip: MIAMI, FL 33176

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: JORGE L. CUELLO

MGR

04/23/2010

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