

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

01-30-2006 90158 009 ****50.00

DOCUMENT # L05000051646 1. Entity Name HEALTHCARE CAPITAL VENTURES, LLC					
Principal Place of Business 2 ALHAMBRA PLAZA STE 860 CORAL GABLES, FL 33134			Mailing Address 2 ALHAMBRA PLAZA STE 860 CORAL GABLES, FL 33134		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">30000997</div> <div style="margin-top: 10px;"> 01112006 Chg-LLC CR2E083 (11/05) 4. FEI Number 20-2907791 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required </div>	
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent PADRON, CARLOS E 2 ALHAMBRA PLAZA STE 860 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when renewing) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VILA, OSCAR J III	NAME			
STREET ADDRESS	2 ALHAMBRA PLAZA STE 860	STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES, FL 33134	CITY-ST-ZIP			
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PADRON, CARLOS E	NAME			
STREET ADDRESS	2 ALHAMBRA PLAZA STE 860	STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES, FL 33134	CITY-ST-ZIP			
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MILIAN, EVARIST	NAME			
STREET ADDRESS	2 ALHAMBRA PLAZA STE 860	STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES, FL 33134	CITY-ST-ZIP			
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PLASENCIA, GUSTAVO	NAME			
STREET ADDRESS	2 ALHAMBRA PLAZA STE 860	STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES, FL 33134	CITY-ST-ZIP			
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PLASENCIA, NESTOR	NAME			
STREET ADDRESS	2 ALHAMBRA PLAZA STE 860	STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES, FL 33134	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:		1/19/06 (305) 461-4888			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER: MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>			



ATTACHMENT
30000997

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 3, 2006

HEALTHCARE CAPITAL VENTURES, LLC
2 ALHAMBRA PLAZA STE 860
CORAL GABLES, FL 33134

Subject: HEALTHCARE CAPITAL VENTURES, LLC

Reference Number:

L05000051646

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/CC

ANNUAL REPORTS SECTION