

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000010961

**Entity Name:** CENTER FOR THE TECHNOLOGICAL ADVANCEMENT OF  
CARDIOVASCULAR & THORACIC SURGERIES, LLC

**FILED**  
**Apr 23, 2013**  
**Secretary of State**  
**CC9770699377**

**Current Principal Place of Business:**

3650 NW 82ND AVENUE  
SUITE 208  
DORAL, FL 33166

**Current Mailing Address:**

3650 NW 82ND AVENUE  
SUITE 208  
DORAL, FL 33166 US

**FEI Number: 26-1869015**

**Certificate of Status Desired: No**

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

THE MEDILAW FIRM  
325 ALMERIA AVENUE  
CORAL GABLES, FL 33134 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name SEGUROLA, ROMUALDO J JR  
Address 12620 RAMIRO STREET  
City-State-Zip: CORAL GABLES FL 33156

Title MGRM  
Name REGO, ALFREDO  
Address 10800 BLUE PALM STREET  
City-State-Zip: PLANTATION FL 33324

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: ROMUALDO J SEGUROLA**

**MGRM**

**04/23/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date