



2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # A01000001546 1. Entity Name ORLANDO CARDIOVASCULAR CENTER, LLLP						FILED 2005 FEB -7 PM 12:07 DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA	
Principal Place of Business 1405 SOUTH ORANGE AVE. SUITE 120 ORLANDO, FL 32806			Mailing Address 1405 SOUTH ORANGE AVE. SUITE 120 ORLANDO, FL 32806			 01052005 Chg-LP CR2E003 (10/03)	
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 31-1812724		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
WRIGHT, PATRICIA A 69 EAST GENEVA STREET OCOEE, FL 34761				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
I, 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
9. Capital Contributions as Shown on record. \$787,500.00			10. Amount of Capital Contributions in FLORIDA to date.				
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.							
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY			
DOCUMENT #	P01000111464			STREET ADDRESS			
NAME	HEART CENTER INVESTMENTS, INC.			CITY-ST-ZIP			
STREET ADDRESS	1405 SOUTH ORANGE AVE. #120			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32806			CITY-ST-ZIP	100046161981 02/07/05--01094--017 **526.25		
DOCUMENT #				STREET ADDRESS			
NAME				CITY-ST-ZIP			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
DOCUMENT #				STREET ADDRESS			
NAME				CITY-ST-ZIP			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
DOCUMENT #				STREET ADDRESS			
NAME				CITY-ST-ZIP			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes							
SIGNATURE: <u>George Andrew</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				George ANDREAE, VP-Secretary <small>Date</small>		407-425-6226 1-7-05 <small>Daytime Phone #</small>	

STAPLE CHECK HERE