## 2008 LIMITED PARTNERSHIP ANNUAL REPORT

## DOCUMENT# A02000000911

Entity Name: CARDIOVASCULAR MANAGEMENT ASSOCIATES, LTD.

FILED May 01, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

3001 NW 39TH AVENUE 350 NW 84TH AVENUE

STE. 104 SUITE 300

LAUDERDALE LAKES, FL PLANTATION, FL 33324

**Current Mailing Address: New Mailing Address:** 

3001 NW 39TH AVENUE 350 NW 84TH AVENUE

STE. 104 SUITE 300 LAUDERDALE LAKES, FL

PLANTATION, FL 33324

FEI Number: 03-0470672 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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

ROBERTS, JR., HAROLD G MD ROBERTS, JR., HAROLD G MD

3001 NW 49TH AVENUE 350 NW 84TH AVENUE

SUITE 300 SUITE 104

LAUDERDALE LAKES, FL 33313 US PLANTATION, FL 33324 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: HAROLD G. ROBERTS, M.D. 05/01/2008

> Electronic Signature of Registered Agent Date

## **GENERAL PARTNER INFORMATION:** ADDRESS CHANGES ONLY:

Document #:

Name: BREZING, RICHARD M.D.

3001 NW 49TH AVENUE, SUITE 304 Address: 350 NW 84TH AVENUE Address: City-St-Zip: LAUDERDALE LAKES, FL 33313 City-St-Zip: PLANTATION, FL 33324

Document #:

ROBERTS, HAROLD JR, M.D. Name:

3001 NW 49TH AVENUE, SUITE 304 Address: Address: 350 N W84TH AVENUE City-St-Zip: LAUDERDALE LAKES, FL 33313 City-St-Zip: PLANTATION, FL 33324

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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: HAROLD G. ROBERTS, JR., M.D. MD 05/01/2008