


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

FILED

2005 APR 26 PM 12:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # A99000001204</b> 1. Entity Name ATLANTIC CARDIOLINK, LTD.					
Principal Place of Business 1305 S. HICKORY STREET MELBOURNE, FL 32901			Mailing Address 1305 S. HICKORY STREET MELBOURNE, FL 32901		
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 <b>59-3589124</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KANCILIA, JOHN R ESQ. 1800 WEST HIBISCUS BLVD. SUITE 138 MELBOURNE, FL 32901				Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. <b>\$9,700.00</b>			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY	
DOCUMENT #	L99000004408			STREET ADDRESS	
NAME	MELBOURNE CARDIAC ASSOCIATES, L.C.			CITY-ST-ZIP	
STREET ADDRESS	1305 S. HICKORY STREET				
CITY-ST-ZIP	MELBOURNE, FL 32901				
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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					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				4/21/05 (321) 952-9004 <small>Date Daytime Phone #</small>	

STAPLE CHECK HERE



04152005 Chg-LP CR2E003 (10/03)

4. FEI Number  
**59-3589124**

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City  
 FL Zip Code

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SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
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**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
 4/21/05 (321) 952-9004  
Date Daytime Phone #