

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 APR 24 AM 10:40

**DOCUMENT # A99000001204**

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**

**DO NOT WRITE IN THIS SPACE**

01032006 No Chg-LP

CR2E003 (11/05)

4. FEI Number  
**59-3589124**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**KANCILIA, JOHN R ESQ.  
1800 WEST HIBISCUS BLVD.  
SUITE 138  
MELBOURNE, FL 32901**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2006, Fee will be \$900.00**

**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**

DOCUMENT # **L99000004408**  
NAME **MELBOURNE CARDIAC ASSOCIATES, L.C.**  
STREET ADDRESS **1305 S. HICKORY STREET**  
CITY-ST-ZIP **MELBOURNE, FL 32901**

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**500074077245**  
**05/05/06--01043--009 \*\*\$500.00**

**DO NOT WRITE  
IN THIS SPACE**

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

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE