

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000000475

FILED
Jan 03, 2005
Secretary of State

Entity Name: AVENTURA HEART CENTER, LLC

Current Principal Place of Business:

2845 AVENTURA BLVD., SUITE 249
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

2845 AVENTURA BLVD., SUITE 249
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 65-0972857

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERKOWITZ, RICHARD A
200 SOUTH BISCAYNE BLVD.
6TH FLOOR
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: KORN, DAVID
Address: 2845 AVENTURA BLVD., SUITE 249
City-St-Zip: AVENTURA, FL 33180

Title: MGRM () Delete
Name: RASKEN, ROBERT
Address: 2845 AVENTURA BLVD., SUITE 249
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: DAVID KORN

MGRM

01/03/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date