

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90364 040 \*\*\*\*55.00

<b>DOCUMENT # L00000008306</b>					
<b>1. Entity Name</b> MCH PEDIATRIC CARDIOLOGY, LLC					
<b>Principal Place of Business</b> 3100 SW 62ND AVENUE MIAMI, FL 33155			<b>Mailing Address</b> 3100 SW 62ND AVENUE MIAMI, FL 33155		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04262005    Chg-LLC    CR2E083 (10/03)	
<b>4. FEI Number</b> 65-1023909				<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b>				<input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b>    Zip Code                 </div>		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> D <b>NAME</b> HANNERAN, KEVIN <b>STREET ADDRESS</b> 3100 SW 62ND AVENUE <b>CITY-ST-ZIP</b> MIAMI, FL 33155 <div style="text-align: right;"><input type="checkbox"/> Delete</div>					
<b>TITLE</b> D <b>NAME</b> BOND, HOWARD <b>STREET ADDRESS</b> 3100 SW 62ND AVENUE <b>CITY-ST-ZIP</b> MIAMI, FL 33155 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>					
<b>TITLE</b> D <b>NAME</b> ZAKHEIM, RICHARD MD <b>STREET ADDRESS</b> 3100 SW 62ND AVENUE <b>CITY-ST-ZIP</b> MIAMI, FL 33155 <div style="text-align: right;"><input type="checkbox"/> Delete</div>					
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> <div style="text-align: right;"><input type="checkbox"/> Delete</div>					
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> <div style="text-align: right;"><input type="checkbox"/> Delete</div>					
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> <div style="text-align: right;"><input type="checkbox"/> Delete</div>					
<b>TITLE</b> D <b>NAME</b> HAMMERAN, KEVIN <b>STREET ADDRESS</b> 3100 SW 62ND AVENUE <b>CITY-ST-ZIP</b> MIAMI, FL 33155 <div style="text-align: right;"><input checked="" type="checkbox"/> Change    <input type="checkbox"/> Addition</div>					
<b>TITLE</b> D <b>NAME</b> ROZEK, THOMAS <b>STREET ADDRESS</b> 3100 SW 62ND AVENUE <b>CITY-ST-ZIP</b> MIAMI, FL 33155 <div style="text-align: right;"><input type="checkbox"/> Change    <input checked="" type="checkbox"/> Addition</div>					
<b>11. 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 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.</b>			<b>SIGNATURE:</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> Thomas M. Rozek		
Date: 4/27/05    Daytime Phone #: 305-662-8203					