
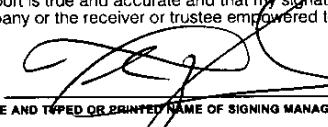


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90024 009 \*\*\*\*55.00

DOCUMENT # L00000008306					
<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 - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 65-1023909	
Zip		Country		<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>  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITTLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMMERAN, KEVIN 3100 SW 62ND AVE MIAMI, FL 33155	<input type="checkbox"/> Delete			
TITTLE NAME STREET ADDRESS CITY-ST-ZIP	D ROZEK, THOMAS 3100 SW 62ND AVNEUE MIAMI, FL 33155	<input type="checkbox"/> Delete			
TITTLE NAME STREET ADDRESS CITY-ST-ZIP	D ZAKHEIM, RICHARD MD 3100 SW 62ND AVNEUE MIAMI, FL 33155	<input type="checkbox"/> Delete			
TITTLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITTLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITTLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITTLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
<b>11. 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 it 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>  <b>THOMAS ROZEK</b> <b>4/20/07</b> <b>305-662-8203</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					