

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90018 041 ***143.75

DOCUMENT # L00000008306

1. Entity Name
MCH PEDIATRIC CARDIOLOGY, LLC



Principal Place of Business
**3100 SW 62ND AVENUE
 MIAMI, FL 33155**

Mailing Address
**3100 SW 62ND AVENUE
 MIAMI, FL 33155**

50005010



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

3100 SW 62 Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Finance + Accounting

04222008 Chg-LLC CR2E083 (12/06)

City & State

City & State

Miami, FL

4. FEI Number

65-1023909

Applied For

Not Applicable

Zip

Country

Zip

Country

33155

US

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
 After May 1, 2008 Fee will be \$538.75**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **D** Delete
 NAME **HAMMERAN, KEVIN**
 STREET ADDRESS **3100 SW 62ND AVE**
 CITY-ST-ZIP **MIAMI, FL 33155**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **ROZEK, THOMAS**
 STREET ADDRESS **3100 SW 62ND AVNEUE**
 CITY-ST-ZIP **MIAMI, FL 33155**

TITLE **D** Change Addition
 NAME **KINI, M. NARENDRA, M.D.**
 STREET ADDRESS **3100 SW 62 Avenue**
 CITY-ST-ZIP **MIAMI, FL 33155**

TITLE **D** Delete
 NAME **ZAKHEIM, RICHARD MD**
 STREET ADDRESS **3100 SW 62ND AVNEUE**
 CITY-ST-ZIP **MIAMI, FL 33155**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Kevin Hammeran
Kevin Hammeran

4/24/08 (305) 666-6511

Date Daytime Phone # **WT 2556**