

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L00000015698

FILED  
Apr 21, 2002 8:00 AM  
Secretary of State

**Entity Name:** UNIVERSITY HEART INSTITUTE CARDIOVASCULAR GROUP, LLC

## Current Principal Place of Business:

2217 N. UNIVERSITY DR.  
PEMBROKE PINES, FL 33024

## New Principal Place of Business:

## Current Mailing Address:

2217 N. UNIVERSITY DR.  
PEMBROKE PINES, FL 33024

## New Mailing Address:

2301 N. UNIVERSITY DR.  
SUITE 112  
PEMBROKE PINES, FL 33024

FEI Number: 65-1062882

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MATZNER, GARY C  
2601 S. BAYSHORE DR., STE. 1146  
MIAMI, FL 33133 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: SCHIFF, BARRY M.D.  
Address: 2217 N. UNIVERSITY DR  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: MGRM ( ) Delete  
Name: HORGAN, JOSEPH M.D.  
Address: 2217 N. UNIVERSITY DR  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: MGRM ( ) Delete  
Name: TELTSE, MATTHEWS M.D.  
Address: 2217 N. UNIVERSITY DR  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: MGRM ( ) Delete  
Name: DWECK, MAX M.D.  
Address: 2217 N. UNIVERSITY DR  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: MGRM ( ) Delete  
Name: MCMILLAN, DENIS M.D.  
Address: 2217 N. UNIVERSITY DR  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition  
Name: SANZOBINO, BRENDA M.D.  
Address: 2217 N. UNIVERSITY DR  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: MGRM (X) Change ( ) Addition  
Name: TELTSE, MATTHEW M.D.  
Address: 2217 N. UNIVERSITY DR  
City-St-Zip: PEMBROKE PINES, FL 33024

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

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

Title: MGRM ( ) Change (X) Addition  
Name: GOODE, SELBOURNE MD  
Address: 2217 N UNIVERSITY DRIVE  
City-St-Zip: PEMBROKE PINES, FL 33024

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: BARRY SCHIFF, MD

MGRM

04/21/2002

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

WHITTINGHAM, ROY MD  
2217 N UNIVERSITY DRIVE  
PEMBROKE PINES, FL 33024