REVISED

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
02 NOV 27 PM 2:52
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L00000015698

1. Entity Name
UNIVERSITY HEART INSTITUTE CARDIOVASCULAR GROUP, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2301 N. University Drive	same
Suite, Apt. #, etc. 112	Suite, Apt. #, etc.
City & State Pembroke Pines, Fl	City & State
Zip 33024 Country USA	Zip Country

11/27 DO NOT WRITE IN THIS SPACE MJH

4. FEI Number 65-1062882 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: GARY C. MATZNER

Street Address (P.O. Box Number Is Not Acceptable): 201 S. Biscayne Boulevard, #2200

City: Miami FL Zip Code: 33131

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.

SIGNATURE _____ DATE 10-18-02
Signature, typed or printed name of registered agent and date if applicable.

FEES $150.00
Make Check Payable to: Department of State
DUE 01/27/02

200009240902
1/27/02--01025--026 **50.00

9. MANAGING MEMBERS / MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Barry Shiff, M.D. 2301 N. University Drive, #112 Pembroke Pines, Fl 33024
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Shelbourne Goode, M.D. 2301 N. University Drive, #112 Pembroke Pines, Fl 33024
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Denis McMillan, M.D. 2301 N. University Drive, #112 Pembroke Pines, Fl 33024
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Brenda Sanzobrino, M.D. 2301 N. University Drive, #112 Pembroke Pines, Fl 33024
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Matthew Teltser, M.D. 2301 N. University Drive, #112 Pembroke Pines, Fl 33024
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEE ADDITIONAL PAGE ATTACHED HERETO AND MADE A PART HEREOF

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E083B (12/01)

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.

SIGNATURE: _____ MGRM 11/21/02 954-963-6500
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AND TITLE OF MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

BARRY SHIFF, M.D.

ADDITIONAL PAGE TO BE ATTACHED TO
UNIFORM BUSINESS REPORT
UNIVERSITY HEART INSTITUTE CARDIOVASCULAR GROUP, LLC

9. MGRM
Roy Whittingham, M.D.
2301 North University Drive, #112
Pembroke Pines, Fl 33024

MGRM
Max Dweck, M.D.
2301 North University Drive, #112
Pembroke Pines, Fl 33024