

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

2301 N. University Drive

Suite, Apt. #, etc.

112

City & State

Pembroke Pines, FL

Zip

33024

Country

USA

3. Mailing Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1062882

Applied For

Not Applicable

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

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

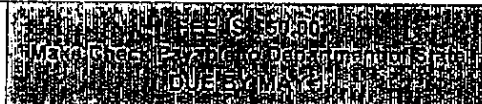
Zip Code 33131

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and date if applicable

10-18-02
DATE200009240902
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Shalbourne Goode, M.D. 2301 N. University Drive, #112 Pembroke Pines, FL 33024	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Brenda Sanzobrinio, M.D. 2301 N. University Drive, #112 Pembroke Pines, FL 33024	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEE ADDITIONAL PAGE ATTACHED HERETO AND MADE A PART HEREOF	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

CRCE003B (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 registered agent or trustee empowered to execute this report as required by Chapter 609, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING PARTY: MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

954-963-6500

MGRM

11/27/02

11/26/02 TUE 09:26 FAX
10/21/02 MON 16:19 FAX 305 347 6500

McDermott Will & Emery

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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

MTA 262698-1.065357.0010