2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2006
Secretary of State

DOCUMENT# L00000015698

Entity Name: UNIVERSITY HEART INSTITUTE CARDIOVASCULAR GROUP, LLC

Current Principal Place of Business:

2301 N. UNIVERSITY DRIVE, #112
PEMBROKE PINES, FL 33024

New Principal Place of Business:

Current Mailing Address:

2301 N. UNIVERSITY DRIVE, #112
PEMBROKE PINES, FL 33024

New Mailing Address:

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
201 S. BISCAYNE BOULEVARD, #2200
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/MANAGERS:

Title:	MGRM	( ) Delete
Name:	SCHIFF, BARRY M.D.	
Address:	2301 N. UNIVERSITY DRIVE, #112	
City-St-Zip:	PEMBROKE PINES, FL 33024	
Title:	MGRM	( ) Delete
Name:	SANZOBRINO, BRENDA M.D.	
Address:	2301 N. UNIVERSITY DRIVE, #112	
City-St-Zip:	PEMBROKE PINES, FL 33024	
Title:	MGRM	( ) Delete
Name:	TELTSER, MATTHEW M.D.	
Address:	2301 N. UNIVERSITY DRIVE, #112	
City-St-Zip:	PEMBROKE PINES, FL 33024	
Title:	MGRM	( ) Delete
Name:	MCMILLAN, DENIS M.D.	
Address:	2301 N. UNIVERSITY DRIVE, #112	
City-St-Zip:	PEMBROKE PINES, FL 33024	
Title:	MGRM	( ) Delete
Name:	GOODE, SELBOURNE MD	
Address:	2301 N. UNIVERSITY DRIVE, #112	
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:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGRM	( ) Change (X) Addition
Name:	WHITTINGHAM, ROY MD	
Address:	2301 N. UNIVERSITY DRIVE, #112	
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 Chapter 119, 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, M.D. MGMR 01/10/2006

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