2007 LIMITED LIABILITY COMPANY

ANNUAL REPORT

FILED
07 SEP 21 PM 4:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000015698

1. Entity Name
UNIVERSITY HEART INSTITUTE CARDIOVASCULAR GROUP, LLC

Principal Place of Business	Mailing Address
2301 N. UNIVERSITY DRIVE, #112 PEMBROKE PINES, FL 33024	2301 N. UNIVERSITY DRIVE, #112 PEMBROKE PINES, FL 33024

BK

09212007 REIN-LLC CR2E101 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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
MATZNER, GARY C 201 S. BISCAYNE BOULEVARD, #2200 MIAMI, FL 33133	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS $150.00
After January 1, 2008, Fee will be $200.00

BK

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SCHIFF, BARRY M.D. 2301 N. UNIVERSITY DRIVE, #112 PEMBROKE PINES, FL 33024	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 100110207071 10/03/07--01008--024 **50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SANZOBRINO, BRENDA M.D. 2301 N. UNIVERSITY DRIVE, #112 PEMBROKE PINES, FL 33024	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM TELTSER, MATTHEW M.D. 2301 N. UNIVERSITY DRIVE, #112 PEMBROKE PINES, FL 33024	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MCMILLAN, DENIS M.D. 2301 N. UNIVERSITY DRIVE, #112 PEMBROKE PINES, FL 33024	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM GOODE, SELBOURNE MD 2301 N. UNIVERSITY DRIVE, #112 PEMBROKE PINES, FL 33024	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM WHITTINGHAM, ROY MD 2301 N. UNIVERSITY DRIVE, #112 PEMBROKE PINES, FL 33024	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

2007 A.R.

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: _____ 9/21/07 954-989-7587
SIGNATURE OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #