

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000015698

FILED
Apr 25, 2008
Secretary of State

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 (X)

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:

MARICHAL, MICHELE
2301 N. UNIVERSITY DRIVE
SUITE 112
PEMBROKE PINES, FL 33024 US

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: MICHELE MARICHAL

04/25/2008

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: SANZOBINO, BRENDA M.D.
Address: 2301 N. UNIVERSITY DRIVE, #112
City-St-Zip: PEMBROKE PINES, FL 33024

Title: MGRM () Delete
Name: TELTSE, 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: MGRM () Delete
Name: WHITTINGHAM, ROY MD
Address: 2301 N. UNIVERSITY DRIVE, #112
City-St-Zip: PEMBROKE PINES, FL 33024

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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, MD

MGRM

04/25/2008

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