

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000015698

FILED
Apr 14, 2011
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 ()

Name and Address of Current Registered Agent:

KISHBAUGH, TROY A
301 E. PINE STREET SUITE 1400
ORLANDO, FL 32801 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
Name: SANZOBINO, BRENDA M.D.
Address: 2301 N. UNIVERSITY DRIVE, #112
City-St-Zip: PEMBROKE PINES, FL 33024

Title: MGRM
Name: TELTSE, MATTHEW M.D.
Address: 2301 N. UNIVERSITY DRIVE, #112
City-St-Zip: PEMBROKE PINES, FL 33024

Title: MGRM
Name: MCMILLAN, DENIS M.D.
Address: 2301 N. UNIVERSITY DRIVE, #112
City-St-Zip: PEMBROKE PINES, FL 33024

Title: MGRM
Name: GOODE, SELBOURNE MD
Address: 2301 N. UNIVERSITY DRIVE, #112
City-St-Zip: PEMBROKE PINES, FL 33024

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

I hereby 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: BARBARA GUTIERREZ

MGR

04/14/2011

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