2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Secretary of State
03-22-2005 90184 003 ****55.00

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1. Entity Name
MIAMI CARDIOPULMONARY INSTITUTE, L.L.C.

20023719

Principal Place of Business	Mailing Address
3200 PONCE DE LEON BOULEVARD CORAL GABLES, FL 33134 US	3200 PONCE DE LEON BOULEVARD CORAL GABLES, FL 33134 US

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03012005No Chg-LLC CR2E083 (10/03)

4. FEI Number
65-1119017
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MURAI WALD BIONDO & MORENO + Brochin, P.A.
~~25 S.E. 2ND AVENUE~~ Two Alhambra Plaza, PH-1B
~~SUITE 900~~
~~MIAMI, FL 33131~~ Coral Gables, FL 33134

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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 M Cristina Yanez, Vice President 3/15/05
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ARGUELLES, DONATO
STREET ADDRESS	2733 PONCE DE LEON BOULEVARD
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	VP
NAME	MAS JR, ILDEFONSO
STREET ADDRESS	3181 CORAL WAY, 5TH FLLOR
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	T
NAME	PALOMO, ANDRES
STREET ADDRESS	7171 S.W. 62ND AVE., #301
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	S
NAME	CENTURION, JOSE J
STREET ADDRESS	747 PONCE DE LEON BLVD., #303
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: 3/11/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #