

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000008876

FILED
Jan 10, 2007
Secretary of State

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

Current Principal Place of Business:

3200 PONCE DE LEON BOULEVARD
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

3200 PONCE DE LEON BOULEVARD
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 65-1119017

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MURAI WALD BIONDO & MORENO + BROCHIN, P.A.
TWO ALHAMBRA PLAZA
PH 1B
MIAMI, FL 33134 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: PRES () Delete
Name: MAS JR., ILDEFONSO PRESIDE
Address: 3181 CORAL WAY, 5TH FLOOR
City-St-Zip: CORAL GABLES, FL 33145 US

Title: VP () Delete
Name: ARGUELLES, DONATO V.P.
Address: 2733 PONCE DE LEON BLVD
City-St-Zip: MIAMI, FL 33134

Title: T () Delete
Name: PALOMO, ANDRES
Address: 7171 S.W. 62ND AVE., #301
City-St-Zip: MIAMI, FL 33143

Title: S () Delete
Name: CENTURION, JOSE J
Address: 747 PONCE DE LEON BLVD., #303
City-St-Zip: CORAL GABLES, FL 33134

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:

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: ILDEFONSO MAS JR.

PRES

01/10/2007

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