

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000008876

FILED
Apr 19, 2011
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:

FIGUEROA, JUAN A
1428 BRICKELL AVENUE
SUITE 206
MIAMI, FL 33131 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: JUAN A FIGUEROA

04/19/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PRES
Name: MAS JR., ILDEFONSO PRESIDE
Address: 3181 CORAL WAY, 5TH FLOOR
City-St-Zip: CORAL GABLES, FL 33145 US

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

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

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

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: IDELFONSO MAS JR

P

04/19/2011

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