

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000033065

FILED
May 08, 2006
Secretary of State

Entity Name: FLORIDA CARDIOLOGY NETWORK, LLC

Current Principal Place of Business:

3536 NORTH FEDERAL HIGHWAY
FORT LAUDERDALE, FL 33308

New Principal Place of Business:

Current Mailing Address:

3536 NORTH FEDERAL HIGHWAY
FORT LAUDERDALE, FL 33308

New Mailing Address:

FEI Number: 61-1436863 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CARMICHAEL, BART
3530 NORTH FEDERAL HIGHWAY
FORT LAUDERDALE, FL 33308 US

Name and Address of New Registered Agent:

ALTSCHULER, HAROLD
3530 NORTH FEDERAL HIGHWAY
FORT LAUDERDALE, FL 33308 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: HAROL ALTSCHULER

05/08/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MEDMANAGE, LLC,
Address: 3530 NORTH FEDERAL HIGHWAY
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: MGR () Delete
Name: ALTSCHULER, HAROLD
Address: 3530 N FEDERAL HIGHWAY
City-St-Zip: FORT LAUDERDALE, FL 33308

ADDITIONS/CHANGES:

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: HAROLD ALTSCHULER

MRG

05/08/2006

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