

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000033065

FILED  
Mar 17, 2003  
Secretary of State

**Entity Name:** FLORIDA CARDIOLOGY NETWORK, LLC

**Current Principal Place of Business:**

3530 NORTH FEDERAL HIGHWAY  
FORT LAUDERDALE, FL 33308

**New Principal Place of Business:**

**Current Mailing Address:**

3530 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 ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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

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: BART CARMICHAEL

03/17/2003

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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

MGR

03/17/2003

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