FILED
Aug 06, 2004 8:00 am
Secretary of State
04-22-2004 90353 006 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000017811

1. Entity Name
TAMPA CARDIO ASSOCIATES, L.L.C.

Principal Place of Business
4600 NORTH HABANA, STE. 4
TAMPA, FL 33614

Mailing Address
4600 NORTH HABANA, STE. 4
TAMPA, FL 33614

34009768

02032004 Chg-LLC CR2E063 (10/03)

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip / Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip / Country

4. FEI Number 900082685 — Applied For / Not Applicable

5. Certificate of Status Desired — $6.00 Additional Fee Required

6. Name and Address of Current Registered Agent
WEINBREN, DON B
101 EAST KENNEDY BLVD., STE.2700
TAMPA, FL 33602

7. Name and Address of New Registered Agent
Name: Humberto Coto MD.
Street Address (P.O. Box Number is Not Acceptable): 4600 N. Habana Ave Suite 4
City: Tampa FL Zip Code: 33614

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: [signature] 05/05/04
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, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Managing Member Cardiac Care Services, P.A. 4600 North Habana, Ste 4 Tampa, FL 33614 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	→ ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] 04/19/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

07/28/2004 16:38 8194467

Attachment
340097G8

Cohen & Grieb, P.A.

Certified Public Accountants

500 North Westshore Boulevard • Suite 700 • Tampa, Florida 33609 • Tel: (813) 739-7200 • Fax: (813) 282-7225

Shareholders:
Robert Cohen, CPA
Robert H. Frey, CPA
Marc E. Goldstein, CPA
Robert V. Grieb, CPA
Jason Hamblin, CPA

August 4, 2004

Florida Department of State
Division of Corporations
Post Office Box 6478
Tallahassee, Florida 32314

Re: Tampa Cardio Associates, LLC
Reference Number: L03000017811

Gentlemen:

Enclosed is the corrected 2004 Limited Liability Company Annual Report for the above mentioned taxpayer and a copy of correspondence from your office dated May 13, 2004.

Per your request, the form was corrected to indicate the correct managing member, Cardiac Care Services, P.A.

If you have any questions or need additional information please contact our office directly.

Sincerely,

COHEN & GRIEB, P.A.

Donna Baptiste

Donna Baptiste

Db:kac
Enclosure
cc: Humberto Coto, M.D.