

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000023270

FILED
Apr 11, 2007
Secretary of State

Entity Name: INDIAN RIVER CARDIOVASCULAR ASSOCIATES, L.L.C.

Current Principal Place of Business:

787 37TH STREET, SUITE E 140
VERO BEACH, FL 32960

New Principal Place of Business:

Current Mailing Address:

787 37TH STREET, SUITE E 140
VERO BEACH, FL 32960

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEC CONSULTANTS, INC.
1515 INDIAN RIVER BLVD., SUITE A210
VERO BEACH, FL 329607103 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: MGRM () Delete
Name: SETH H. BAKER, D.O., P.A.
Address: 787 37TH STREET, SUITE E 140
City-St-Zip: VERO BEACH, FL 32960

Title: MGRM () Delete
Name: SELCUK A. TOMBUL, D., O., P.A.
Address: 787 37TH STREET, SUITE E 140
City-St-Zip: VERO BEACH, FL 32960

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

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: RICARD MOORE, M.D., P.A.
Address: 787 37TH STREET, SUITE E140
City-St-Zip: VERO BEACH, FL 32960

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: SETH H. BAKER, D.O.

MGR

04/11/2007

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