

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000028371

FILED
Mar 26, 2004
Secretary of State

Entity Name: HEARTCARE, LLC

Current Principal Place of Business:

2291 NORTH UNIVERSITY DRIVE
PEMBROKE PINES, FL 33024 US

New Principal Place of Business:

Current Mailing Address:

2061 NW 2ND AVENUE
201
BOCA RATON, FL 33431 FL

New Mailing Address:

FEI Number: 86-1077124 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DI CAPUA, JOSEPH J
2061 NW 2ND AVENUE
201
BOCA RATON, FL 33431 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/MEMBERS:

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

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

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

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

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: GONZALEZ, MANUEL M.D.
Address: 2295 N UNIVERSITY DRIVE
City-St-Zip: PEMBROKE PINES, FL 33024

Title: MGR () Change (X) Addition
Name: SMETS, MICHAEL A M.D.
Address: 2295 N UNIVERSITY DRIVE
City-St-Zip: PEMBROKE PINES, FL 33024

Title: MGR () Change (X) Addition
Name: COHEN, MITCHELL M.D.
Address: 2291 N UNIVERSITY DRIVE
City-St-Zip: PEMBROKE PINES, FL 33024

Title: MGR () Change (X) Addition
Name: DI CAPUA, JOSEPH
Address: 2295 N UNIVERSITY DRIVE
City-St-Zip: PEMBROKE PINES, FL 33024

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: JOSEPH J. DI CAPUA

MGR

03/26/2004

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