


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

03-17-2004 90278 010 ****50.00

DOCUMENT # L03000032449 1. Entity Name APEX CARDIOVASCULAR GROUP, L.C.					
Principal Place of Business 6428 BEACH BLVD. JACKSONVILLE FL 32216			Mailing Address 6428 BEACH BLVD. JACKSONVILLE FL 32216		
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				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				MOORE CR2E083 (11/03)	
6. Name and Address of Current Registered Agent SLAGLE, SUSAN ESO. 1201 SAN AMARO ROAD JACKSONVILLE FL 32207			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstating)</small>					
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE MANAGING MEMBER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME MICHAEL J. KOREN, M.D. STREET ADDRESS 6428 BEACH BLVD. CITY - ST - ZIP JACKSONVILLE, FL 32216			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____			
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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: <u><i>Michael J. Koren</i></u> <u>3/15/04 904804-9600</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					