

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 21, 2007 08:00 A
Secretary of State

DOCUMENT # L03000035575

1. Entity Name

PALM BEACH CARDIOVASCULAR LEASING, LLC



Principal Place of Business

Mailing Address

**600 UNIVERSITY BLVD
SUITE 200
JUPITER FL 33458**

**600 UNIVERSITY BLVD
SUITE 200
JUPITER FL 33458**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

20-0882917

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

1st MOORE

CR2E083 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PANCZAK, STEPHEN P
600 UNIVERSITY BLVD., #200
JUPITER FL 33458**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	MGR	BREUER, GABRIEL E MD	600 UNIVERSITY BLVD #200 JUPITER FL 33458				
	MGR	CRANDALL, CHAUNCEY W MD	600 UNIVERSITY BLVD #200 JUPITER FL 33458				
	MGR	VILLA, AUGUSTO E MD	600 UNIVERSITY BLVD #200 JUPITER FL 33458				
	MGR	VARGAS, AGUSTIN A MD	600 UNIVERSITY BLVD #200 JUPITER FL 33458				

**U000000764891
05/31/07-80014-018 50.00**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Stephen P. Panczak CEO / Registered Agent

5-16-2007

(561) 627-7210

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #