

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000053424

FILED
Sep 01, 2004
Secretary of State

Entity Name: AVENTURA CARDIOTHORACIC & VASCULAR INSTITUTE, LC

Current Principal Place of Business:

2445 NW 33RD STREET #1403
FORT LAUDERDALE, FL 333096467 US

New Principal Place of Business:

Current Mailing Address:

2445 NW 33RD STREET #1403
FORT LAUDERDALE, FL 333096467 US

New Mailing Address:

FEI Number: 20-0489360

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLOUGH, PAUL V
1860 N PINE ISLAND ROAD #103
PLANTATION, FL 333225234 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: MGRM () Delete
Name: REGO, ALFREDO M.D.
Address: 2445 NW 33RD STREET #1403
City-St-Zip: FORT LAUDERDALE, FL 333096467 US

ADDITIONS/CHANGES:

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

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: ALFREDO REGO, MD

MGRM

09/01/2004

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