

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90427 042 ***150.00

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1. Entity Name
 SOUTH MIAMI BLOOD FLOW ASSOCIATES, LLC

Principal Place of Business
 2511 PONCE DE LEON BLVD., SUITE 400
 CORAL GABLES, FL 33134

Mailing Address
 2511 PONCE DE LEON BLVD., SUITE 400
 CORAL GABLES, FL 33134

20026559



2. Principal Place of Business
 2555 Ponce de Leon Blvd.

3. Mailing Address
 2555 Ponce de Leon Blvd.

Suite, Apt. #, etc.
 #400

Suite, Apt. #, etc.
 #400

03072005 Chg-LLC CR2E083 (10/03)

City & State
 Coral Gables, FL

City & State
 Coral Gables, FL

4. FEI Number
 05-0131847

Applied For
 Not Applicable

Zip
 33134

Country
 USA

Zip
 33134

Country
 USA

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 AMERICAN INFORMATION SERVICES, INC.
 ONE SOUTHEAST THIRD AVENUE, SUITE 2800
 MIAMI, FL 33131

7. Name and Address of New Registered Agent
 Name: Thomas Herald
 Street Address (P.O. Box Number is Not Acceptable):
 2555 Ponce de Leon Blvd #400
 City: Coral Gables FL Zip Code: 33134

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee Is \$50.00
 Due by May 1, 2005**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Ian Reiss, MD 2555 Ponce de Leon Blvd. #400 Coral Gables, FL 33134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Robert Gordon, MD 2555 Ponce de Leon Blvd. #400 Coral Gables, FL 33134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Thomas Herald 2555 Ponce de Leon Blvd #400 Coral Gables, FL 33134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ DATE: 3/30/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #