

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Aug 04, 2006 8:00 am**  
**Secretary of State**

08-04-2006 90086 021 \*\*\*\*50.00

**DOCUMENT # L04000003783**

1. Entity Name  
**SOUTH MIAMI BLOOD FLOW ASSOCIATES, LLC**



Principal Place of Business <b>2555 PONCE DE LEON BLVD          SUITE 400          CORAL GABLES, FL 33134</b>	Mailing Address <b>2555 PONCE DE LEON BLVD          SUITE 400          CORAL GABLES, FL 33134</b>
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**DO NOT WRITE IN THIS SPACE**



07262006 No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>65-0131847</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**HERALD, THOMAS  
 2555 PONCE DE LEON BLVD # 400  
 CORAL GABLES, FL 33134**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

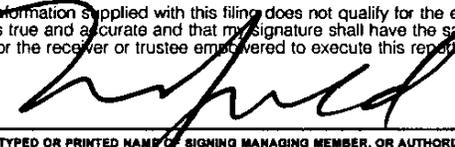
**Filing Fee is \$50.00  
 Due by September 8, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE P	REISS, IAN MD 2555 PONCE DE LEON BLVD. # 400 CORAL GABLES, FL 33134
TITLE S	GORDON, ROBERT MD 2555 PONCE DE LEON BLVD. # 400 CORAL GABLES, FL 33134
TITLE T	HERALD, THOMAS 2555 PONCE DE LEON BLVD. # 400 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:**  **7/31/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_