

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

7/1

**FILED**  
**Aug 19, 2005 8:00 am**  
**Secretary of State**

07-11-2005 90043 025 \*\*\*\*50.00

**DOCUMENT # L04000004842**

1. Entity Name  
**INTEGRATED CARE, LLC**



Principal Place of Business  
**1150 NORTH 35TH AVE, STE 605  
HOLLYWOOD, FL 33021**

Mailing Address  
**1150 NORTH 35TH AVE, STE 605  
HOLLYWOOD, FL 33021**

**30010713**



2. Principal Place of Business

3. Mailing Address

**3335 N. UNIVERSITY DR.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE 8**

06302005 Chg-LLC CR2E083 (10/03)

City & State

City & State

**DAVIE, FL**

4. FEI Number

**20-2249239**

Applied For

Not Applicable

Zip

Country

Zip

**33024**

Country

**U.S.A.**

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FRIEDMAN, JUDAH  
1150 NORTH 35TH AVE, STE 605  
HOLLYWOOD, FL 33021**

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

*Judah Friedman*

**JUDAH FRIEDMAN**

**7/1/05**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by September 7, 2005**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PRESIDENT</b>
STREET ADDRESS	<b>HOWARD F. BEELIN, MD</b>
CITY- ST- ZIP	<b>3335 N. UNIVERSITY DR., SUITE 8 DAVIE, FL 33024</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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:

*Judah Friedman* **JUDAH FRIEDMAN**

**7/1/05**

**954-559-6088**

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

Date

Daytime Phone #



ATTACHMENT  
38010713

FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State

July 13, 2005

AVENTURA CARDIOLOGY PARTNERS, LLC  
3335 N UNIVERSITY DR  
SUITE 8  
DAVE, FL 33024

Subject: **INTEGRATED CARE, LLC**

Reference Number: **L04000004842**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

List the complete title, name, street address, city, state and zip code of each manager, managing member or principal of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

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ANNUAL REPORTS SECTION