

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000049226

FILED  
Jan 10, 2005  
Secretary of State

**Entity Name:** ADVANCED CARDIAC TREATMENT CENTERS, LLC

**Current Principal Place of Business:**

6400 CONGRESS AVE, STE 1400  
BOCA RATON, FL 33487

**New Principal Place of Business:**

**Current Mailing Address:**

6400 CONGRESS AVE, STE 1400  
BOCA RATON, FL 33487

**New Mailing Address:**

**FEI Number:** 20-1315590

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NACHLAS, NATHAN E  
6400 CONGRESS AVE, STE 1400  
BOCA RATON, FL 33487 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: NACHLAS, NATHAN E  
Address: 6400 CONGRESS AVE, STE 1400  
City-St-Zip: BOCA RATON, FL 33487

Title: MGRM ( ) Delete  
Name: SCHLOSSER, MARC U  
Address: 6400 CONGRESS AVE, STE 1400  
City-St-Zip: BOCA RATON, FL 33487

**ADDITIONS/CHANGES:**

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

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:** PAUL MAHOWALD

COO

01/10/2005

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