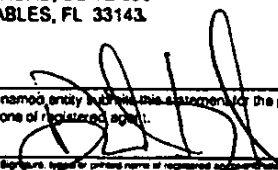


FILED
Jun 19, 2006 8:00 am
Secretary of State

04-10-2006 90041 030 ****50.00

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000032638					
1. Entity Name BAPTIST CARDIAC AND VASCULAR INSTITUTE MANAGEMENT COMPANY, LLC					
Principal Place of Business EXECUTIVE OFFICES 8900 NORTH KENDALL DRIVE MIAMI, FL 33176			Mailing Address EXECUTIVE OFFICES 8900 NORTH KENDALL DRIVE MIAMI, FL 33176		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 20-3316750				Applied For ☐ Additional Fee Required	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent LEHMAN, JODY ESQ. 6855 RED ROAD, SUITE 600 CORAL GABLES, FL 33143				7. Name and Address of New Registered Agent Name David R. Friedman, Esq Street Address (P.O. Box Number is Not Acceptable) 6855 Red Road-Suite 600 City Coral Gables, FL 33143	
8. The above named entity certifies 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 3/22/06 Signature typed or printed name of registered agent required when filing. (NOTE: Registered Agent signature required when renouncing)					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Manager Barry T. Katzen, M.D. 8900 North Kendall Drive, Miami, FL 33176 ☐ Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Manager Ramon Quesada, M.D. 8900 North Kendall Drive Miami, FL 33176 ☐ Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Manager Niberto L. Moreno, M.D. 8900 North Kendall Drive Miami, FL 33176 ☐ Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Manager Ignacio Rua, M.D. 8900 North Kendall Drive Miami, FL 33176 ☐ Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Manager Wayne Siegel, M.D. 8900 North Kendall Drive Miami, FL 33176 ☐ Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Manager Alex Powell, M.D. 8900 North Kendall Drive Miami, FL 33176 ☐ Delete				
10. ADDITIONS/CHANGES					
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition			
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: 		Date 3/28/06		Daytime Phone # 786-596-5585	

ATTACHMENT

30010705

Attachment to Section 9

2006 Limited Liability Company Annual Report
Document # L05000032638

Entity Name: BAPTIST CARDIAC AND VASCULAR INSTITUTE MANAGEMENT COMPANY, LLC

MANAGING MEMBERS/MANAGER

Manager
Carol Mascioli
8900 North Kendall Drive
Miami, FL 33176

Manager
Joan Clark
8900 North Kendall Drive
Miami, FL 33176

Manager
Timothy F. Hawkins
8900 North Kendall Drive
Miami, FL 33176

Manager
Maria J. Yanez
8900 North Kendall Drive
Miami, FL 33176