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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

30010705

Principal Place of Business	Mailing Address
EXECUTIVE OFFICES 8900 NORTH KENDALL DRIVE MIAMI, FL 33176	EXECUTIVE OFFICES 8900 NORTH KENDALL DRIVE MIAMI, FL 33176

03202006 Chg-LLC CR2E083 (11/05)

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 ☐ Not Applicable

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
LEHMAN, JODY ESQ. 6855 RED ROAD, SUITE 600 CORAL GABLES, FL 33143	Name: David R. Friedman, Esq Street Address (P.O. Box Number is Not Acceptable): 6855 Red Road-Suite 600 City: Coral Gables, FL Zip Code: 33143

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 _____ 3/22/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

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

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
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	☐ Change ☐ Addition
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	☐ Change ☐ Addition
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	☐ Change ☐ Addition
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	☐ Change ☐ Addition
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	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Manager Alex Powell, M.D. 8900 North Kendall Drive Miami, FL 33176 ☐ Delete	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: _____ 3/28/06 786-596-5385
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

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 MEEMBERS/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