

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90051 050 ****50.00

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01112007 Chg-LLC CR2E083 (12/06)

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

FRIEDMAN, DAVID E ESQ
6855 RED ROAD
SUITE 600
CORAL GABLES, FL 33143

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

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, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	KATZEN, BARRY T M.D.	
STREET ADDRESS	8900 NORTH KENDALL DR	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	QUESADA, RAMON M.D.	
STREET ADDRESS	8900 NORTH KENDALL DR	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	MORENO, NIBERTO L M.D.	
STREET ADDRESS	8900 NORTH KENDALL DR	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	RUA, IGNACIO M.D.	
STREET ADDRESS	8900 NORTH KENDALL DR	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	MGR	<input checked="" type="checkbox"/> Delete
NAME	SIEGEL, WAYNE M.D.	
STREET ADDRESS	8900 NORTH KENDALL DR	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	POWELL, ALEX M.D.	
STREET ADDRESS	8900 NORTH KENDALL DR	
CITY-ST-ZIP	MIAMI, FL 33176	

10. ADDITIONS/CHANGES

TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Seigel, Paul, M.D.	
STREET ADDRESS	8900 N. Kendall Drive	
CITY-ST-ZIP	Miami, FL 33176	
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 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:

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

Date

Daytime Phone #

11/5/07 M86-596-2705