

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90076 019 ***138.75

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**

60008857



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01282008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

20-3316750

Applied For

Not Applicable

Zip

Country

Zip

Country

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 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

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME KATZEN, BARRY T M.D.
STREET ADDRESS 8900 NORTH KENDALL DR
CITY-ST-ZIP MIAMI, FL 33176

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME QUESADA, RAMON M.D.
STREET ADDRESS 8900 NORTH KENDALL DR
CITY-ST-ZIP MIAMI, FL 33176

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME MORENO, NIBERTO L M.D.
STREET ADDRESS 8900 NORTH KENDALL DR
CITY-ST-ZIP MIAMI, FL 33176

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME RUA, IGNACIO M.D.
STREET ADDRESS 8900 NORTH KENDALL DR
CITY-ST-ZIP MIAMI, FL 33176

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☒ Delete
NAME SEIGEL, PAUL MD
STREET ADDRESS 8900 NORTH KENDALL DR
CITY-ST-ZIP MIAMI, FL 33176

TITLE ☒ Change ☐ Addition
NAME MGR, Loreth Ramon MD
STREET ADDRESS 8900 North Kendall Dr
CITY-ST-ZIP miami, FL 33176

TITLE MGR ☐ Delete
NAME POWELL, ALEX M.D.
STREET ADDRESS 8900 NORTH KENDALL DR
CITY-ST-ZIP MIAMI, FL 33176

TITLE ☐ Change ☐ 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 #

1/29/08

786-596-4852