

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000032638

FILED  
Feb 22, 2010  
Secretary of State

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

**Current Principal Place of Business:**

EXECUTIVE OFFICES  
8900 NORTH KENDALL DRIVE  
MIAMI, FL 33176

**New Principal Place of Business:**

**Current Mailing Address:**

EXECUTIVE OFFICES  
8900 NORTH KENDALL DRIVE  
MIAMI, FL 33176

**New Mailing Address:**

**FEI Number:** 20-3316750

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

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

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: DAVID R. FRIEDMAN

02/22/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: BAPTIST HOSPITAL OF MIAMI, INC.  
Address: 8900 N. KENDALL DRIVE  
City-St-Zip: MIAMI, FL 33176

Title: MGR  
Name: QUESADA, RAMON M.D.  
Address: 8900 NORTH KENDALL DR  
City-St-Zip: MIAMI, FL 33176

Title: MGR  
Name: MORENO, NIBERTO L M.D.  
Address: 8900 N. KENDALL DRIVE  
City-St-Zip: MIAMI, FL 33176

Title: MGR  
Name: RUA, IGNACIO M.D.  
Address: 8900 N. KENDALL DRIVE  
City-St-Zip: MIAMI, FL 33176

Title: MGR  
Name: LIORET, RAMON MD  
Address: 8900 N. KENDALL DRIVE  
City-St-Zip: MIAMI, FL 33176

Title: MGR  
Name: KATZEN, BARRY T M.D.  
Address: 8900 N. KENDALL DRIVE  
City-St-Zip: MIAMI, FL 33176

I hereby 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: CAROL MASCIOLI

VP

02/22/2010

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