2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000032638

FILED Jan 27, 2012 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

EXECUTIVE OFFICES 8900 NORTH KENDALL DRIVE MIAMI, FL 33176

Current Mailing Address: New Mailing Address:

EXECUTIVE OFFICES 8900 NORTH KENDALL DRIVE MIAMI, FL 33176 US

FEI Number: 20-3316750 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

FRIEDMAN, DAVID R ESQ 6855 RED ROAD SUITE 500 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

in the State of Florida.

SIGNATURE:

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 US

Title: MGR

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

Title: MGR

 Name:
 MORENO, NIBERTO L M.D.

 Address:
 8900 N. KENDALL DRIVE

 City-St-Zip:
 MIAMI, FL 33176 US

Title: MGR

Name: COELLO, ABILIO M.D. Address: 8900 N. KENDALL DRIVE City-St-Zip: MIAMI, FL 33176 US

Title: MGR

Name: LIORET, RAMON M.D. Address: 8900 N. KENDALL DRIVE City-St-Zip: MIAMI, FL 33176 US

Title: MGR

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

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 Statues.

SIGNATURE: CAROL MASCIOLI VP 01/27/2012