


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90481 040 ****50.00

DOCUMENT # L06000009628	
1. Entity Name MIAMI CENTER FOR CARDIOVASCULAR DISEASE, PLLC	

Principal Place of Business 1643 BRICKELL AVENUE, SUITE #1601 MIAMI, FL 33129	Mailing Address 1643 BRICKELL AVENUE, SUITE #1601 MIAMI, FL 33129
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60044361



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

01302007 Chg-LLC CR2E083 (12/06)

4. FEI Number 204306501	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JIMENEZ, JAVIER 1643 BRICKELL AVENUE, SUITE #1601 MIAMI, FL 33129		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 _____ (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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR JIMENEZ, JAVIER 1643 BRICKELL AVENUE, SUITE #1601 MIAMI, FL 33129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

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

Date

Daytime Phone #

ATTACHMENT
60022361

1/25/07 CORPORATE DETAIL RECORD SCREEN 3:19 PM
NUM: L06000009628 ST:FL ACTIVE/FL LIM LIAB FLD: 01/26/2006 EFF: 01/25/2006
LAST: LC AMENDMENT FLD: 06/19/2006
TOTAL CONTR: 0.00
NAME : MIAMI CENTER FOR CARDIOVASCULAR DISEASE, PLLC
PRINCIPAL: 1643 BRICKELL AVENUE, SUITE #1601 CHANGED: 06/19/06
ADDRESS MIAMI, FL 33129
RA NAME : JIMENEZ, JAVIER
RA ADDR : 1643 BRICKELL AVENUE, SUITE #1601 ADDR CHG: 06/19/06
MIAMI, FL 33129
ANN REP : * NONE FILED *

1. MENU, 3. MGR/MEM, 4. EVENTS

ENTER SELECTION AND CR: