2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# L06000009628

Entity Name: MIAMI CENTER FOR CARDIOVASCULAR DISEASE, PLLC

Current Principal Place of Business:

1400 NW 12TH AVE
SUITE 1
MIAMI, FL 33136

New Principal Place of Business:

Current Mailing Address:

1400 NW 12TH AVE
SUITE 1
MIAMI, FL 33136

New Mailing Address:

FEI Number: 20-4306501 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JIMENEZ, JAVIER
1643 BRICKELL AVENUE, SUITE #1601
MIAMI, FL 33129 US

Name and Address of New Registered Agent:

JIMENEZ, JAVIER MD
1643 BRICKELL AVENUE, SUITE #1601
MIAMI, FL 33129 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: JAVIER JIMENEZ,M.D. 03/25/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: JIMENEZ, JAVIER
Address: 1643 BRICKELL AVENUE, SUITE #1601
City-St-Zip: MIAMI, FL 33129

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: JIMENEZ, JAVIER MD
Address: 1643 BRICKELL AVENUE, SUITE #1601
City-St-Zip: MIAMI, FL 33129

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: JAVIER JIMENEZ,M.D. MRG 03/25/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date