2008 LIMITED LIABILITY COMPANY ANNUAL REPORT



FILED Jan 29, 2008 8:00 am Secretary of State

DOCUMENT # L07000108390 1. Entity Name MOUNT SINAI CARDIO-PRICARE, LLC							01-29-200	8 90065 (005 ***13	8.75
Principal Place of Business WARNER BUILDING 4300 ALTON ROAD, FIFTH FLOOR MIAMI BEACH, FL 33140		Mailing Address WARNER BUILDING 4300 ALTON ROAD, FIFTH FLOOR MIAMI BEACH, FL 33140				· •				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				01182008	Chg-LLC	CR2E	083 (12/06)	
City & State		City & State				4. FEI Numb	14080.	14	<u> </u>	pplied For at Applicable
Zip	Country	Zip	Coun	ту			e of Status Desired		\$5.00 Add Fee Required	
6. Name and Address of Current Registered Agent				Name		7. Name and	d Address of New	Registered	Agent	
FRIEDLAND, PRISCILLA MOUNT SINAI MEDICAL CENTER				Street Address (P.O. Box Number is Not Acceptable)						
	AD, FIFTH FLOOR									
				City				Fl	Zip Codi	e
The above named the obligations of r	entity submits this statement for egistered agent.	or the purpose of changing its	registere	ed office or	registere	d agent, or bo	oth, in the State of	Florida. I am	ı familiar with,	and accept
SIGNATURE	typed or printed name of registered agent	and title if applicable. (NOT	E: Registere	d Agent signatur	re required w	when reinstating)		DATE		
	FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75									
		5					Flori	·	nent of State	e
			10.		<i>On a c</i>	7.00.17	Flori	da Departn	nent of State	e
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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

TO VE N D. SONEN REICH

3*05*/674.2223

Daytime Phone #