2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
May 27, 2009
Secretary of State

DOCUMENT# L08000044286

Entity Name: NORTH BROWARD CARDIOLOGY, PL

Current Principal Place of Business:

5901 COLONIAL DRIVE
301
MARGATE, FL 33063

New Principal Place of Business:

Current Mailing Address:

5901 COLONIAL DRIVE
301
MARGATE, FL 33063

New Mailing Address:

FEI Number: 26-2540045 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEINBERG, STEVEN A
FRANK WEINBERG BLACK PL
7805 SW 6TH COURT
PLANTATION, FL 33071 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	GOLDMAN, RICHARD MD	
Address:	5901 COLONIAL DRIVE, SUITE 301	
City-St-Zip:	MARGATE, FL 33063	
Title:	MGRM	( ) Delete
Name:	SALAMON, BENNETT MD	
Address:	5901 COLONIAL DRIVE, SUITE 301	
City-St-Zip:	MARGATE, FL 33063	
Title:	MGRM	(X) Delete
Name:	HOSTIG, CRAIG MD	
Address:	5901 COLONIAL DRIVE, SUITE 301	
City-St-Zip:	MARGATE, FL 33063	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: RICHARD A. GOLDMAN, M.D. MGRM 05/27/2009

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