

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000064391

FILED
Mar 23, 2009
Secretary of State

Entity Name: MIAMI CARDIOVASCULAR WELLNESS CENTER, L.L.C.

Current Principal Place of Business:

1400 NW 12TH AVE
STE 1
MIAMI, FL 33136

New Principal Place of Business:

Current Mailing Address:

1400 NW 12TH AVE
STE 1
MIAMI, FL 33136

New Mailing Address:

FEI Number: 30-0500701

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JIMENEZ, HECTOR B M.D.
1400 NW 12TH AVE
STE 1
MIAMI, FL 33136 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: MGR () Delete
Name: JIMENEZ, HECTOR B MD
Address: 1400 NW 12TH AVE - STE 1
City-St-Zip: MIAMI, FL 33136

Title: MGRM () Delete
Name: VELESEERO, ALEJANDRO MD
Address: 1400 NW 12TH AVE - STE 1
City-St-Zip: MIAMI, FL 33136

Title: MGRM () Delete
Name: JIMENEZ, JANER MD
Address: 1400 NW 12TH AVE - STE 1
City-St-Zip: MIAMI, FL 33136

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: VILASUSO, ALEJANDRO MD
Address: 1400 NW 12TH AVE - STE 1
City-St-Zip: MIAMI, FL 33136

Title: MGRM (X) Change () Addition
Name: JIMENEZ, JAVIER MD
Address: 1400 NW 12TH AVE - STE 1
City-St-Zip: MIAMI, FL 33136

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: HECTOR B. JIMENEZ, M.D.

MGR

03/23/2009

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