

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000105800

Entity Name: SOUTH BEACH CARDIOLOGY, LLC

FILED  
Mar 09, 2009  
Secretary of State

## Current Principal Place of Business:

C/O HANDRE HURWIT, M.D.  
751 LEIGH PALM AVE.  
PLANTATION, FL 33324

## New Principal Place of Business:

C/O HANDRE HURWIT, M.D.  
771 LEIGH PALM AVE.  
PLANTATION, FL 33324

## Current Mailing Address:

C/O MARC H. AUERBACH, ESQ.  
200 S. BISCAYNE BLVD., SUITE #3900  
MIAMI, FL 33131

## New Mailing Address:

FEI Number: 26-3827414      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AUGERBACH, MARC H ESQ.  
200 S. BISCAYNE BLVD., SUITE #3900  
MIAMI, FL 33131      US

## Name and Address of New Registered Agent:

AUERBACH, MARC H ESQ.  
200 S. BISCAYNE BLVD., SUITE #3900  
MIAMI, FL 33131      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: MARC H. AUERBACH

03/09/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM      ( ) Delete  
Name: HURWIT, HANDRE M.D.  
Address: 751 LEIGH PALM AVENUE  
City-St-Zip: PLANTATION, FL 33324

## ADDITIONS/CHANGES:

Title: MGRM      (X) Change      ( ) Addition  
Name: HURWIT, HANDRE M.D.  
Address: 771 LEIGH PALM AVENUE  
City-St-Zip: PLANTATION, FL 33324

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: HANDRE HURWIT, M.D.

MGRM

03/09/2009

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