

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000000866

FILED
Jul 11, 2005
Secretary of State

Entity Name: PALM BEACH CARDIOVASCULAR CLINIC, L.C.

Current Principal Place of Business:

2503 BURNS ROAD
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

2503 BURNS ROAD
PALM BEACH GARDENS, FL 33410

New Mailing Address:

FEI Number: 65-0845166 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DR. AUGUSTO VILLA, M.D., P.A.
2503 BURNS ROAD
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

VILLA, AUGUSTO E MD
2503 BURNS ROAD
PALM BEACH GARDENS, FL 33410 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: AUGUSTO E. VILLA, MD

07/11/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BREUER, GABRIEL E
Address: 2503 BURNS ROAD
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: MGR () Delete
Name: CRANDALL, CHAUNCEY IV
Address: 2503 BURNS ROAD
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: MGR () Delete
Name: VILLA, AUGUSTO E
Address: 2503 BURNS ROAD
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: MGR () Delete
Name: VARGAS, AGUSTIN
Address: 2503 BURNS ROAD
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BREUER, GABRIEL E MD
Address: 2503 BURNS ROAD
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: MGR (X) Change () Addition
Name: CRANDALL, CHAUNCEY W IV, MD
Address: 2503 BURNS ROAD
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: MGR (X) Change () Addition
Name: VILLA, AUGUSTO E MD
Address: 2503 BURNS ROAD
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: MGR (X) Change () Addition
Name: VARGAS, AGUSTIN A MD
Address: 2503 BURNS ROAD
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: MGR () Change (X) Addition
Name: LUCE, JOSHUA L MD
Address: 2503 BURNS ROAD
City-St-Zip: PALM BEACH GARDENS, FL 33410

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GABRIEL E. BREUER, MD

MGR

07/11/2005

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