2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2008
Secretary of State

DOCUMENT# L98000000866

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

Current Principal Place of Business:

600 UNIVERSITY BLVD
SUITE 200
JUPITER, FL 33458

New Principal Place of Business:

Current Mailing Address:

600 UNIVERSITY BLVD
SUITE 200
JUPITER, FL 33458

New Mailing Address:

FEI Number: 65-0845166 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PANCZAK, STEPHEN P
600 UNIVERSITY BLVD
SUITE 200
JUPITER, FL 33458 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:	BREUER, GABRIEL E MD	
Address:	600 UNIVERSITY BLVD #200	
City-St-Zip:	JUPITER, FL 33458	
Title:	MGR	( ) Delete
Name:	CRANDALL, CHAUNCEY W IV, MD	
Address:	600 UNIVERSITY BLVD #200	
City-St-Zip:	JUPITER, FL 33458	
Title:	MGR	( ) Delete
Name:	VILLA, AUGUSTO E MD	
Address:	600 UNIVERSITY BLVD #200	
City-St-Zip:	JUPITER, FL 33458	
Title:	MGR	( ) Delete
Name:	VARGAS, AGUSTIN A MD	
Address:	600 UNIVERSITY BLVD #200	
City-St-Zip:	JUPITER, FL 33458	
Title:	MGR	(X) Delete
Name:	LUCE, JOSHUA L MD	
Address:	600 UNIVERSITY BLVD #200	
City-St-Zip:	JUPITER, FL 33458	

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:	
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: CHAUNCEY W. CRANDALL, IV, M.D. MGR 01/14/2008

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