

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000000866

FILED
Apr 27, 2009
Secretary of State

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 ()

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:

WAITE, DIANE
600 UNIVERSITY BLVD
SUITE 200
JUPITER, FL 33458 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: DIANE WAITE

04/27/2009

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

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: MGR () Change (X) Addition
Name: LOVEDAY, GONZALO J MD
Address: 600 UNIVERSITY BLVD #200
City-St-Zip: JUPITER, FL 33458

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: GABRIEL BREUER, MD

MGR

04/27/2009

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