

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 12, 2004 8:00 am
Secretary of State

05-12-2004 90007 008 ****50.00

DOCUMENT # L98000002531

1. Entity Name
FLORIDA CARDIOVASCULAR RESEARCH, L.C.



Principal Place of Business
**ROTHMAN CENTER, FOURTH FLOOR
5301 SOUTH CONGRESS AVENUE
ATLANTIS, FL 33462**

Mailing Address
**ROTHMAN CENTER, FOURTH FLOOR
5301 SOUTH CONGRESS AVENUE
ATLANTIS, FL 33462**

24074511



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04232004 Chg-LLC CR2E083 (10/03)

4. FEI Number
65-0870419

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MIDWALL, JAY DR
ROTHMAN CENTER, FOURTH FLOOR
5301 SOUTH CONGRESS AVENUE
ATLANTIS, FL 33462**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CARDIOLOGY ASSOCIATES OF PALM BEACH, P.A.
1401 FORUM WAY
WEST PALM BEACH, FL 33401**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
Cardiology Associates of Palm Beach PA
1401 Forum Way, Suite 300A
West Palm Beach, FL 33401**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
FLORIDA CARDIOLOGY GROUP, P.A.
110 JFK DRIVE, #110
ATLANTIS, FL 33462**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MEDICAL SPECIALISTS OF THE PALM BEACHES IN
5700 LAKE WORTH ROAD, SUITE 204
LAKE WORTH, FL 33463**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
PALM BEACH HEART ASSOCIATES, P.A.
5511 SOUTH CONGRESS AVENUE, SUITE 125
LAKE WORTH, FL 33462**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
COHEN, TERRENCE JAY M.D.
4801 SOUTH CONGRESS AVENUE, SUITE 206
LAKE WORTH, FL 33461**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/30/04