

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90180 010 ***138.75

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**

60022141



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03272008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

65-0870419

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**KIEVAL, JOSHUA
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

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ANGELLA, FARAHNA
6517 NORTHWEST 3RD AVENUE
BOCA RATON, FL 33496**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BORZAK, STEVEN
7233 SAN SEBASTIAN DRIVE
BOCA RATON, FL 33433**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
COHEN, TERRANCE
133 TURNBERRY DRIVE
LAKE WORTH, FL 33462**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CHAIT, ROBERT
2413 EMBASSY DRIVE
WEST PALM BEACH, FL 33401**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
DEAC, DAN
9669 SPRAY DRIVE
WEST PALM BEACH, FL 33411**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
DADI, SHAUL
6735 ROUAL ORCHID CIRCLE
DELRAY BEACH, FL 33483**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT MANAGING
JOSHUA KIEVAL MD
5301 SOUTH CONGRESS AVE
ATLANTIS FLORIDA 33462**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
MARK ROTHENBERG MD
5301 SOUTH CONGRESS AVE
ATLANTIS FLORIDA 33462**

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #

4/7/08