

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

MAY 30 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000004408

1. Entity Name
MELBOURNE CARDIAC ASSOCIATES, L.C.

Principal Place of Business: 1305 SOUTH HICKORY STREET, MELBOURNE FL 32901
Mailing Address: 1305 SOUTH HICKORY STREET, MELBOURNE FL 32901-3223

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: _____ City & State: _____

Zip: _____ Country: _____ Zip: _____ Country: _____



DO NOT WRITE IN THIS SPACE

4. FEI Number: **59-3589057** Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
**KANCILIA, JOHN R ESQ.
1686 WEST HIBISCUS BLVD.
MELBOURNE FL 32901**

7. Name and Address of New Registered Agent
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.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MGRM ATLANTIC CARDIONET, P.A. 1305 SOUTH HICKORY STREET MELBOURNE FL 32901	<input type="checkbox"/>		
MGRM MELBOURNE INTERNAL MEDICINE ASSOCIATES, PA 200 EAST SHERIDAN AVENUE MELBOURNE FL 32901	<input type="checkbox"/>		
MGRM PHYSICIANS BUILDING DEVELOPMENT CORPORATIO 930 SOUTH HARBOR CITY BOULEVARD MELBOURNE FL 32901	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

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 REQUIRED** _____
Date: **4/28/00** (321)552-9009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER