


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2004 08:00 AM
Secretary of State

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

DO NOT WRITE IN THIS SPACE



01062004No Chg-LLC CR2E083 (10/03)

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

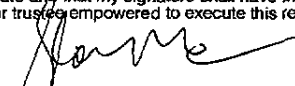
Filing Fee is \$50.00 Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ATLANTIC CARDIONET, P.A. 1305 SOUTH HICKORY STREET MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MELBOURNE INTERNAL MEDICINE ASSOCIATES, PA 200 EAST SHERIDAN AVENUE MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PHYSICIANS BUILDING DEVELOPMENT CORPORATIO 930 SOUTH HARBOR CITY BOULEVARD MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000089660
 03/15/04-80100-015 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **3/15/04** **321-255-1500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #