


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L99000004408 1. Entity Name MELBOURNE CARDIAC ASSOCIATES, L.C.	
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Principal Place of Business 1305 SOUTH HICKORY STREET MELBOURNE, FL 32901	Mailing Address 1305 SOUTH HICKORY STREET MELBOURNE, FL 32901
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DO NOT WRITE IN THIS SPACE



01032006 No Chg-LLC	CR2E083 (11/05)
4. FEI Number 59-3589057	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KANCILIA, JOHN R ESQ.
1686 WEST HIBISCUS BLVD.
MELBOURNE, FL 32901

**DO NOT WRITE
IN THIS SPACE**

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, 2006**

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	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/15/06-80034-012 50.00

**DO NOT WRITE
IN THIS SPACE**

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]* _____ *[Signature]*

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

Date _____ Days to Phone # _____