

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2008 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**



03032008 No Chg-LLC

CR2E083 (12/07)

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**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-18-2008

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

U00000912934
05/07/08-80100-003 138.75

9. MANAGING MEMBERS/MANAGERS

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

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

Date

Daytime Phone #