2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

00 MAY -6 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # M98000001023

1. Entity Name
OAKRIDGE CARDIAC CATHETERIZATION, LLC

Principal Place of Business	Mailing Address
5601 NORTH DIXIE HIGHWAY, SUITE 411 FT. LAUDERDALE FL 33434	5601 NORTH DIXIE HIGHWAY, SUITE 411 FT. LAUDERDALE FL 33434

2. Principal Place of Business	3. Mailing Address
1000 N.E. 56th Street	1000 N.E. 56th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Lauderdale, FL	City & State: Fort Lauderdale, FL
Zip: 33334 / Country: Broward	Zip: 33334 / Country: Broward

4. FEI Number 65-0859210 — Applied For / Not Applicable

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
MATZNER, GARY 2400 S. DIXIE HIGHWAY, SUITE 200 MIAMI FL 33126	Name: Matzner, Gary Street Address (P.O. Box Number is Not Acceptable): 1000 N.E. 56th Street City: Fort Lauderdale FL Zip Code: 33334

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

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

9. MANAGING MEMBERS/MEMBERS	10. ADDITIONS/CHANGES
TITLE: MGRM NAME: GULAREK, JAMES J STREET ADDRESS: 5601 NORTH DIXIE HIGHWAY, SUITE 411 CITY-ST-ZIP: FT. LAUDERDALE FL 33434 ☑ Delete	TITLE: MGRM NAME: Campbell, M.D., Doyle STREET ADDRESS: 1000 N.E. 56th Street CITY-ST-ZIP: Fort Lauderdale, FL 33334 ☐ Change ☑ Addition
TITLE: MGRM NAME: NORIEGA, RUDY J STREET ADDRESS: 5601 NORTH DIXIE HIGHWAY, SUITE 411 CITY-ST-ZIP: FT. LAUDERDALE FL 33434 ☐ Delete	TITLE: MGRM NAME: Noriega, Rudy J STREET ADDRESS: 1000 N.E. 56th Street CITY-ST-ZIP: Fort Lauderdale, FL 33334 ☑ Change ☐ Addition
TITLE: MGRM NAME: MATZNER, GARY C STREET ADDRESS: 5601 NORTH DIXIE HIGHWAY, SUITE 411 CITY-ST-ZIP: FT. LAUDERDALE FL 33434 ☐ Delete	TITLE: MGRM NAME: Matzner, Gary C. STREET ADDRESS: 1000 N.E. 56th Street CITY-ST-ZIP: Fort Lauderdale, FL 33334 ☑ Change ☐ Addition
TITLE: MGRM NAME: RODRIGUEZ, CECILIO M STREET ADDRESS: 5601 NORTH DIXIE HIGHWAY, SUITE 411 CITY-ST-ZIP: FT. LAUDERDALE FL 33434 ☑ Delete	TITLE: NAME: 100003279221--9 STREET ADDRESS: -06/07/00--01007--021 CITY-ST-ZIP: ☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Delete	TITLE: *****50.00 NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Change ☐ Addition

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 4/28/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

CR2E083 (9/99)