2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -6 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DO NOT WRITE IN THIS SPACE

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

CR2E083 (9/99)

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 #