


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000051646 1. Entity Name HEALTHCARE CAPITAL VENTURES, LLC	
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Principal Place of Business 2 ALHAMBRA PLAZA STE 860 CORAL GABLES, FL 33134	Mailing Address 2 ALHAMBRA PLAZA STE 860 CORAL GABLES, FL 33134
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DO NOT WRITE IN THIS SPACE

01092007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2907791	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

PADRON, CARLOS E
 2 ALHAMBRA PLAZA STE 860
 CORAL GABLES, FL 33134

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

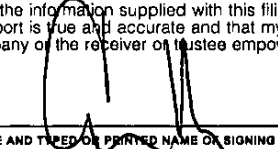
Filing Fee is \$50.00 Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VILA, OSCAR J III 2 ALHAMBRA PLAZA STE 860 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PADRON, CARLOS E 2 ALHAMBRA PLAZA STE 860 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MILIAN, EVARIST 2 ALHAMBRA PLAZA STE 860 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PLASENCIA, GUSTAVO 2 ALHAMBRA PLAZA STE 860 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PLASENCIA, NESTOR 2 ALHAMBRA PLAZA STE 860 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/23/07-80018-016 50.00

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:  1/16/07 (305) 461-4888

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