
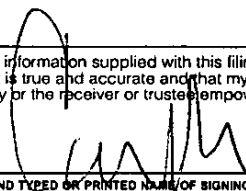


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 18, 2008 8:00 am**  
**Secretary of State**

02-18-2008 90074 045 \*\*\*138.75

<b>DOCUMENT # L05000051646</b>					
1. Entity Name HEALTHCARE CAPITAL VENTURES, LLC					
Principal Place of Business 2 ALHAMBRA PLAZA STE 860 CORAL GABLES, FL 33134			Mailing Address 2 ALHAMBRA PLAZA STE 860 CORAL GABLES, FL 33134		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-2907791	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PADRON, CARLOS E 2 ALHAMBRA PLAZA STE 860 CORAL GABLES, FL 33134				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VILA, OSCAR J III		NAME		
STREET ADDRESS	2 ALHAMBRA PLAZA STE 860		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PADRON, CARLOS E		NAME		
STREET ADDRESS	2 ALHAMBRA PLAZA STE 860		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MILIAN, EVARIST		NAME		
STREET ADDRESS	2 ALHAMBRA PLAZA STE 860		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PLASENCIA, GUSTAVO		NAME		
STREET ADDRESS	2 ALHAMBRA PLAZA STE 860		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PLASENCIA, NESTOR		NAME		
STREET ADDRESS	2 ALHAMBRA PLAZA STE 860		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			Date: 2/13/08		Daytime Phone #: (305) 461-4888
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					