

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000051646

FILED
Apr 08, 2010
Secretary of State

Entity Name: HEALTHCARE CAPITAL VENTURES, LLC

Current Principal Place of Business:

2320 PONCE DE LEON BOULEVARD
SECOND FLOOR
CORAL GABLES, FL 33134

New Principal Place of Business:

2320 PONCE DE LEON BOULEVARD
CORAL GABLES, FL 33134

Current Mailing Address:

2320 PONCE DE LEON BOULEVARD
SECOND FLOOR
CORAL GABLES, FL 33134

New Mailing Address:

2320 PONCE DE LEON BOULEVARD
CORAL GABLES, FL 33134

FEI Number: 20-2907791

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PADRON, CARLOS E
2320 PONCE DE LEON BOULEVARD
SECOND FLOOR
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: VILA, OSCAR J
Address: 2320 PONCE DE LEON BOULEVARD
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM
Name: PADRON, CARLOS E
Address: 2320 PONCE DE LEON BOULEVARD
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM
Name: MILIAN, EVARIST
Address: 2320 PONCE DE LEON BOULEVARD
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM
Name: PLASENCIA, GUSTAVO
Address: 2320 PONCE DE LEON BOULEVARD
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM
Name: PLASENCIA, NESTOR
Address: 2320 PONCE DE LEON BOULEVARD
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: OSCAR J. VILA

MGRM

04/08/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date