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2001	UNI	FORM BUSI	NESS REPO	PRT	(UB	R)				
DOCUMENT # L0000002059  1. Entity Name							•			
HEART SPECIALISTS OF SARASOTA, P.L.							FILED			
Principal Place of Business Mailing Address							OI MAR 30 AM 8: 34			
240 SOUTH PINEAPPLE AVE. 10TH FLOOR SARASOTA FL 34236 240 SOUTH PINEAPPLE AVE. SARASOTA FL 34236					'H FLOOR		SECRETARY OF STATALLAHASSEE, FLO			
2. Principal Place 1852 Hill			3. Mailing Address 1852 Hillview Street							
Suite, Apt. #, etc. Suite 308			Suite, Apt. #, etc. Suite 308				DO NOT WRITE IN THIS SPACE			
City & State Sarasota, Florida			City & State Sarasota, Florida			4. FE	4. FEI Number   Applied For   Not Applied ble			
<sup>Zip</sup> 34239		Country	Zip 34239	Cour	ntry	<b>5.</b> Ce	5. Certificate of Status Desired			
6. Name and Address of Current Registered Agent					Nome	7. Name and Address of New Registered Agent Name				
DOERR, KENNETH D 240 SOUTH PINEAPPLE AVE. 10TH FLOOR SARASOTA FL 34236					Street Address (P.O. Box Number is Not Acceptable)					
					City	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.										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
					FEE IS \$50.00 500039931550 -04/12/0101008012 ******50.00 ******50.00					
9.		MANAGING MEMBE	RS/MEMBERS	10.			ADDITIONS/CHA	ANGES		
TITLE ).	!		, Delete	TITLE		MGR	, R. David	Chan	ge Addition	
NAME STREET ADDRESS	•		<b>'</b>	NAM	E Et address		, R. David Lview Street, Sui	+e 308	1	
CITY-ST-ZIP	the state of the s			-ST-ZIP		arasota, Florida 34239				
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NAME		•	<del></del>	NAM	E	Culp, Ste				
STREET ADDRESS CITY-ST-ZIP			ET ADDRESS -ST-ZIP		.852 Hillview Street, Suite 308					
	<del></del>	<del> </del>	C No.	━			, Florida 34239		an Midition	
NAME		~ <del>-</del>	Defete -	,TITLE NAM		MGR Henson I	Kenneth D	☐ Chan	ge Addition	
STREET ADDRESS				ET ADDRESS		son, Kenneth D. 22 Hillview Street, Suite 308				
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CITY-ST-ZIP 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.

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941-366-6660 SIGNATURE: \*\*\* Kenneth D. LOCELT, AULIL I SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Kenneth D. Doerr, Auth. Rep. Daytime Phone #

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