

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90218 049 ****50.00

DOCUMENT # L00000002059
1. Entity Name
HEART SPECIALISTS OF SARASOTA, P.L.

DO NOT WRITE IN THIS SPACE

966402

2. Principal Place of Business
1852 HILLVIEW STREET

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, FL

City & State
SARASOTA, FL

4. FEI Number
65-0983923

Applied For
Not Applicable

Zip
34239

Country
USA

Zip
34239

Country
USA

5. Certificate of Status Desired \$5.00 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
KENNETH D. DOERR

Street Address (P.O. Box Number is Not Acceptable)
240 S. PINEAPPLE AVENUE, 10TH FLOOR

City SARASOTA FL Zip 34236

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.

DATE

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME ANDERSON, R. DAVID
STREET ADDRESS 1852 HILLVIEW ST., STE. 308
CITY-ST-ZIP SARASOTA, FL 34239

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR
NAME CULP, STEPHEN C.
STREET ADDRESS 1852 HILLVIEW ST. SUITE 308
CITY-ST-ZIP SARASOTA, FL 34239

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR
NAME HENSON, KENNETH D.
STREET ADDRESS 1852 HILLVIEW ST., STE. 308
CITY-ST-ZIP SARASOTA, FL 34239

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: *K. Henson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/24/02 944-917-4250
Date Daytime Phone #

CR2E083B (12/01)