


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90066 039 ****50.00

DOCUMENT # L0000002059
 1. Entity Name
 HEART SPECIALISTS OF SARASOTA, P.L.



Principal Place of Business 1852 HILLVIEW ST SUITE 308 SARASOTA, FL 34239	Mailing Address 1852 HILLVIEW ST SUITE 308 SARASOTA, FL 34239
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24059212



03142004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0983923	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
 ADAMS, KARLA
 1852 HILLVIEW ST STE 308
 SARASOTA, FL 34239

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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, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ANDERSON, R. DAVID, PA 1852 HILLVIEW ST SUITE 308 SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GULP, STEPHEN C 1852 HILLVIEW ST STE 308 SARASOTA, FL 34239 <i>West Coast Practice Mgt</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HENSON, KENNETH D, PA 1852 HILLVIEW ST SUITE 308 SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CHMIELEWSKI, LISA, PA 1852 HILLVIEW ST SUITE 308 SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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:  DATE: 3/29/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #