

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2006 JAN 26 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000002059

1. Entity Name
HEART SPECIALISTS OF SARASOTA, P.L.



Principal Place of Business
**1852 HILLVIEW STREET, SUITE 308
SARASOTA, FL 34239**

Mailing Address
**1852 HILLVIEW STREET, SUITE 308
SARASOTA, FL 34239**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01262006 Chg-LLC CR2E083 (11/05)

4. FSI Number 65-0983923	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DOERR, KENNETH D 240 S. PINEAPPLE AVE., 10TH FLOOR SARASOTA, FL 34236		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 _____ (NOTE: Registered Agent signature required when relocating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANDERSON, R. DAVID PA 1852 HILLVIEW ST SUITE 308 SARASOTA, FL 34239 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Anderson Cardiology, P.A. 1852 Hillview Street, Suite 308 Sarasota, FL 34239 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CULP, STEPHEN C 1852 HILLVIEW ST STE 308 SARASOTA, FL 34239 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	West Coast Practice Management Services, P.A. 606 South Owl Drive Sarasota, FL 34236 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600065113276 02/03/06--01008--002 **50.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 606, Florida Statutes

SIGNATURE: *Keith D. Durr* 1/26/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE DAYTIME PHONE #