2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 19, 2007 8:00 am
Secretary of State
02-19-2007 90199 032 ****50.00

DOCUMENT # L00000002059

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

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

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02102007 Chg-LLC CR2E083 (12/06)

4. FEI 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

DOERR, KENNETH D
240 S. PINEAPPLE AVE., 10TH FLOOR
SARASOTA, FL 34236

7. Name and Address of New Registered Agent

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ANDERSON CARDIOLOGY, P.A. 1852 HILLVIEW ST SUITE 308 SARASOTA, FL 34239	☒ Delete	mbR I. LISA CHMIELEWSKI, PA 1852 HILLVIEW STREET, STE 308 SARASOTA, FL 34239	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR WEST COAST PRACTICE MGMT. SERVICES, P.A. 606 SOUTH OWL DRIVE SARASOTA, FL 34236	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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 608, Florida Statutes.

SIGNATURE: [signature] MD 2/12/07 941-917-4250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

STEPHEN C CULP, MD.
[signature] MD